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14. ABSTRACT

The current project aims to improve the psychological health and well-being of military and veteran families residing in civilian communities by implementing and evaluating HomeFront Strong (HFS), a promising evidence-based intervention for military and veteran spouses/partners, and their children. This project is guided by three Aims: 1. Develop and field test an HFS mobile website; 2. Train community providers to disseminate HFS at their community sites; and 3. Evaluate the mental health outcomes of Group vs. Web-based HFS in a sample of 360 military and veteran spouses/partners. In Year 3, the current funding period, the HFS mobile website (Aim 1) is fully operational with extant procedures in place for collecting usage paradata. Under Aim 2, 22 community providers from five community sites have been trained in the HFS intervention. Four HFS groups have been delivered with community providers, with an ongoing evaluation of the implementation of HFS, including fidelity to the model. Pursuant to Aim 3, participant recruitment continues to be a primary focus, with HFS staff attending nearly 60 outreach events, reaching over 5000 people. 88 participants have completed assessment procedures for enrollment into HFS (53 HFS group; 35 web-based HFS). Of those who completed the HFS program cycle, 85% have completed the post-HFS evaluation (81% HFS group; 89% web-based HFS), with promising preliminary results emerging.

15. SUBJECT TERMS

Military spouses; Veteran spouses; Resilience; Psychology health intervention; Mental health

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1. INTRODUCTION:

This project aims to improve the psychological health and well-being of military and veteran families residing in civilian communities by disseminating and evaluating HomeFront Strong (HFS), an evidence-based resiliency intervention for military and veteran spouses/partners and their children. The project is guided by three Aims: 1) Develop and field test an HFS mobile website; 2) Train community providers to disseminate HomeFront Strong at their community sites; 3) Evaluate the mental health outcomes of Group vs. Web-based HFS in a sample of 360 military and veteran spouses/partners and their children. The current proposal will build capacity in local communities to offer HFS, provide program evaluation data to further establish the effectiveness of HFS, and generate feasibility data to develop a strategic plan for large scale implementation of HFS.

2. KEYWORDS:

Military families; Veteran families; Military spouses; Veteran spouses; Resilience; Mental health; Psychological health intervention; Community capacity building; Dissemination; Implementation science

3. ACCOMPLISHMENTS:

What were the major goals of the project?

- 1) Develop and field test a mobile website of HFS program content
- 2) Train community providers to disseminate HomeFront Strong at their community sites
- 3) Evaluate Group vs. Web-based HFS in a sample of 360 military and veteran spouses/partners and their children

What was accomplished under these goals?

Goal 1: Develop and field test a mobile website of HFS program content

i) Major activities

In collaboration with the Center for Health Communications Research (CHCR) at University of Michigan, two products were developed in Year 1: 1) the HFS Administrative Console and 2) the HFS mobile website. The Administrative Console is a secure site that allows our staff to manage participant enrollment into each of the two HFS conditions (group versus web); to stagger the delivery of web-based content and homework reminders; and to track the timing of the multi-wave, multi-method evaluation protocol. The HFS mobile website is the crux of the web-based condition for HFS participants, and includes all HFS content and program activities on a website that is also conducive to mobile delivery. Please see the Annual Report from Year 1 providing a detailed description and sample screenshots from each of these products. The Administrative Console and HFS website were piloted successfully in Year 2.

In Year 3, the Administrative Console has been utilized to track participant enrollment into HFS; to automate the staggered delivery of web content to participants (e.g., Session 1 content is delivered on Day 1; Session 2 content is delivered on Day 8; Session 3 content is delivered on

Day 15, and so on through Session 8); and to track the timing for follow-up evaluations with participants as they complete the program (e.g., Post-HFS, 3-month, and 6-month).

Also in Year 3, the HFS website has been actively used by participants in the web-based HFS condition and as a supplement by HFS group participants. The site has functioned well, with no modifications needed. Participants in both study conditions ($N=65$) have received access to the site (30 in the group condition; 35 in the web-based condition). Of the 65 participants given access to the website by the end of Year 3, 50 (77%) had created a user account and viewed site content at least once. This includes 94% of participants in the website condition ($N = 33$ of 35) and 57% of those in the group condition ($N = 17$ of 30). Note that the 2 participants in the website condition who had not yet accessed the site were enrolled just 2–3 days before the end of the reporting period.

To facilitate retrieval and evaluation of website usage data, we worked with our partners at the Center for Health Communications and Research (CHCR) to refine the data download files and create a secure online method through which we can obtain the website usage paradata from the site directly (rather than requesting that CHCR staff retrieve the data for us each time). This innovation improved the process of retrieving paradata, which affects both the regular review of website usage and the iterative development of procedures for converting the raw paradata into content-dosage variables for subsequent analyses.

During this Year, we made considerable progress on exploring the paradata gathered from participant usage of the website. HFS staff began with an immersive approach of examining the structure and content of successive downloaded CSV files and learning their patterns. To establish the meaning of various data elements, we created a codebook containing each page of the website and determined the mapping of paradata strings to their respective pages. We developed and tested various formulas and spreadsheet configurations for determining how many clicks and how much time participants spent on pages with program content each day they logged onto the site and over the course of their use of the site. Observing patterns in the paradata downloads over time informed decision making protocols for when the website data is unable to capture certain user behaviors (e.g., when a participant leaves the program website open in a browser window without clicking or navigating to another page).

Research assistants who were not familiar with the HFS curriculum generated baseline comparison data by working through the online program as if they were participants, making sure to interact with each page. Data from these test user profiles were reviewed for click events and time durations per page, then averages were calculated for each session and for the online program overall to act as reference ranges for content-dosage algorithms. Currently we are piloting an algorithm that compares click events and page duration against the reference ranges and calculates a subscore for each of the eight curriculum sessions, where 2 indicates the session was completed, 1 indicates the session was partially completed (e.g., participant visited only half of the pages for that session, or spent less time on a page than the reference range), and 0 indicates the session was not completed (e.g., participant didn't click on any of the session's content pages). Adding the eight session subscores together results in a content-dosage score with values from 0 to 16. This score once entered into SPSS can be used as a continuous variable, and after sufficient participant data has been collected, we will also be able to

determine percentile cutoffs to create categorical variables (e.g., frequent user, moderate user, minimal user) for subset analyses. As the number of participants who have completed the website program cycle increases, thus adding to the range of user behaviors reflected in the raw paradata, we will continue to iteratively test and refine procedures for converting the website data into content-dosage variables.

ii) Specific objectives

The primary activities of Aim 1 were completed in Years 1 and 2, resulting in the pilot-tested and fully operational HFS Administrative Console and HFS mobile website. Consistent with the Scope of Work, Year 3 included two objectives and related activities that continue throughout the study:

- **Participant usage of HFS website**
 - Continue enrolling participants in the HFS website via the Administrative Console.
 - For enrolled participants, activate website and push notification system for homework reminders.
 - Monitor site for any implementation issues and modify as needed.
- **Retrieve and evaluate usage data after completion of program cycles**
 - Retrieve usage data from the secure site at timed intervals related to the group cohort or individuals' completion of the program.
 - Collect paradata from site usage (e.g., how many clicks or time on page translates to session completion) and transform to SPSS variables for analyses.

iii) Significant results or key outcomes

Participants have reported positive feedback about use of the website, with three particular features standing out: 1) the automatic notification system that provides reminders about the online program (e.g., *"It was nice to have the email reminders that the next session was out, and the one reminder was perfect!"* *"They helped me remember to do my sessions if things got too crazy at my house and I forgot."*); 2) the ability for participants to engage with program content at convenient times for their schedule (e.g., *"I was able to complete each session at my own pace and on my own time, which worked out really well."* *"I mainly used this tool at night when I had free time, it made me think more in depth looking at the entire picture."*); and 3) the ease of using the website (e.g., *"I was able to complete all the sessions on the website with ease and no issues."* *"It was easy to access and navigate."*)

Preliminary review of paradata in Year 3 indicates that in general, participants in the website condition spent more time on the website and viewed more session pages than did participants in the group condition. For example, 75% of participants in the website condition whose program cycles ended spent at least some time on the website for each of the 8 sessions. However, only 13% of group participants visited the site past Session 2. Participants in the website condition tended to interact with the site through reading the content and also actively engaging with it by typing responses to such exercises as stress check-ins, gratitude journal entries, and fill-in-the-blank questions. (For privacy reasons, the site was designed such that HFS staff cannot see what participants typed, only that click events took place on those pages.)

iv) Other achievements

Nothing to report.

v) Stated goals not met

All goals related to the development and field-testing of the Administrative Console and HFS mobile website have been met. The Administrative Console will continue to be used as a program management tool for tracking enrollment into and progress through HFS and the evaluation protocol. As participants enroll in HFS and real-time usage of the mobile website continues, we will continue gathering paradata usage of the website, refine usage algorithms, and apply this data as a proxy for participation in the website condition.

Goal 2: Train community providers to disseminate HomeFront Strong at their community sites

i) Major activities

We have secured MOUs with EasterSeals Michigan, VFW National Home, and a private practitioner to serve as community sites for dissemination of HFS. Our model for dissemination is as follows:

1. Meeting is held with potential partner agency to explain the study and discuss parameters of implementation.
2. MOU is negotiated and signed between University of Michigan and partner agency.
3. 2-day training is held with any providers at the partner agency interested in the HFS model.
 - Evaluation point: Pre/post training survey of all trainees
 - If Basic condition, two community providers are selected to lead the HFS group. If Enhanced condition, one community provider is selected to co-lead the group with HFS staff. Community provider(s) are selected in consultation with HFS staff and must have attended the 2-day training, be licensed and covered under liability insurance, have a vested interest in military/veteran families, and can commit to attending all sessions of the group.
4. Community provider completes University of Michigan IRB course (PEERRS).
5. ½ day focal training with community provider and HFS staff is held ~1 week prior to the start of a new group, with the focus on planning for the first session.
6. 8- week HFS group is launched at the community site.
7. During the group cycle, the community provider and HFS staff have weekly 90-minute coaching calls to review the previous session, troubleshoot for specific issues for participants, and plan the next session. Of note, the HFS staff member leading the coaching calls watches a video of the session prior to the coaching call and provides personalized feedback to the group facilitators.
 - Evaluation point: After each session, the community provider completes a fidelity checklist to track completion of each of the key components for the session, as does the HFS staff co-leading the group. An HFS staff member external to the group also watches a video of the session and completes the fidelity checklist for comparison.
 - Evaluation point: After completion of the group cycle, the community provider completes a survey and an interview with someone from our research team

(independent of the coaching or training team) to evaluate the implementation process.

ii) Specific objectives

Consistent with the proposed Scope of Work for this Goal, the following objectives have been a focus in Year 3:

- **Engage community partners**
 - We continued to support ongoing partnerships with Easter Seals Michigan (Centerline, Southfield, Grand Rapids) and the VFW National Home (Eaton Rapids). We also engaged with a private practice provider who will be co-leading an HFS group with us in Year 4.
 - To engage additional community sites, we hosted and attended outreach events with other community agencies, with a focus on geographical areas where we had already identified a number of potential participants. Securing additional community partners is a primary focus for our team. Currently, we are negotiating with a 4th Easter Seals site, a Community Mental Health agency, and a Vet Center as future dissemination sites.
- **Conduct HFS training with community partners**
 - In Year 3, trainings took place to prepare facilitators for 5 community partner sites: Easter Seals Michigan (3 sites), VFW National Home (1 site), and a private practice provider (1 site), with 22 community providers trained.
 - Additional training activities in Year 3 included 7 ½-day pre-group training sessions with each community site prior to group launch ($N = 11$ providers), training of child team members to assist in the children's program ($N = 20$ trainees), and weekly coaching calls with facilitators providing HFS at 5 community sites ($N=33$ coaching calls). See Appendix A for further description of our community partnership efforts.
- **Monitor fidelity of HFS implementation process with community providers**
 - To evaluate training of community providers, we fielded Qualtrics surveys of providers at up to 3 time points: pre-training ($N = 22$), post-training ($N = 22$), and for those who facilitated a group, post-group ($N = 5$). We also conducted post-group interviews with community facilitators ($N = 5$).
 - Data for evaluating the fidelity of HFS group implementation was collected through weekly fidelity checklists completed by group facilitators and an HFS staff member who has been trained in the HFS curriculum but does not lead groups.
 - We began preliminary analysis of the results of the provider surveys and fidelity checklists.

iii) Significant results or key outcomes

In Year 3, training took place at 5 sites, resulting in a total of 22 community providers trained in the HFS model and curriculum. HFS training occurs across several levels. Providers first attend a 2-day HFS training workshop. For that training, community sites can elect to send any of their staff members, not just the staff expected to lead or co-lead the HFS groups. This inclusive training is a benefit to the community agencies looking to bring HFS into their overall program

focus. As a second step, about 1 week prior to a group, the providers who will be leading the HFS group participate in a ½ day training to review the first session, review the participants' pre-assessment data, and plan logistics of the group. Simultaneously, our staff trains staff and volunteers who will be providing the Children's Program during the HFS group. A final area of ongoing training centers on the weekly coaching calls held with group leaders after each HFS session to review the session and plan for the subsequent session.

Evaluation of training and dissemination at community sites occurs in the following three ways:

1. Pre- and post-training surveys

Pre/post-training surveys were completed by the community providers ($N=22$) who attended HFS trainings during Year 3. The newly trained community providers reported high levels of satisfaction with the training. Percentages below indicate those who said they agreed or strongly agreed with the following statements:

- I would recommend this training to other colleagues: 100% ($N=22$)
- I am satisfied with the materials and ideas presented in the training: 100% ($N=22$)
- This training will be helpful in my practice with military/veteran populations: 95% ($N=21$)
- My clients will benefit from my use of the materials: 95% ($N=20$)
- I can find a way to make these materials a regular and sustained part of my work: 95% ($N=20$)
- This training included effective practical suggestions that give me confidence in using the materials: 91% ($N=22$)

Attendees trained during this Year also commented on the quality and usefulness of the HFS training:

- "The HomeFront Strong training exceeded my expectations! I advanced my knowledge of military/veteran culture, the unique challenges that this population faces, and gained practical and highly transferrable clinical skills to be used with this population as well as many other populations. Thank you so much for an engaging and helpful training!"
- "Practical specific methods, information, and tools to utilize in a group were very helpful."
- "Excellent training. Very engaging and a great learning experience. Format was very easy to follow and flowed well."
- "I was excited to learn about this population, but the curriculum, group materials, and presenters all exceeded my expectations."
- "The training team was so welcoming and put me at ease very quickly. I appreciated the passion and kindness."

After training community providers for 5 sites ($N = 22$), we conducted preliminary analyses in SPSS to review possible impacts of the training on knowledge and skills. Though the sample size was small, initial results were encouraging. Community providers indicated how much they agreed with 24 specific statements before and after the training, using a 5-point scale ranging from strongly disagree = 1 to strongly agree = 5. As seen in Table 1 below, results of a paired-samples *t*-test showed that mean scores increased on each item, indicating that providers felt

their skills and knowledge had increased after the training in comparison to pre-training. Three findings to highlight include:

- I know how to help participants discover their own story about military/veteran life: mean score increased from 2.8 (sd = 0.6) to 4.2 (sd = 0.6); $t(19) = -10.722$, $p < .001$ ($N = 20$)
- I can teach the principles of HomeFront Strong: mean score increased from 2.3 (sd = 0.7) to 4.0 (sd = 1.0); $t(20) = -7.249$, $p < .001$ ($N = 21$)
- I can teach participants how to rate their stress levels: mean score increased from 3.8 (sd = 0.9) to 4.6 (sd = 0.5); $t(19) = -5.812$, $p < .001$ ($N = 20$)

Table 1. Providers' Perceived Changes in Knowledge and Skill: Post Survey as of End of Year 3

Content/Skill	Before HFS ($N = 22$) ¹	After HFS ($N = 22$) ¹	<i>t</i>	<i>p</i>
	Mean (SD)	Mean (SD)		
Understand military culture	3.6 (1.3)	4.3 (0.5)	-3.727	.001
Understand the unique needs of military and veteran spouses/partners	3.4 (1.3)	4.3 (0.5)	-3.906	.001
Can connect with military/veteran spouses and partners	3.6 (1.1)	4.3 (0.5)	-3.578	.002
Can effectively lead a group	3.9 (0.9)	4.4 (0.7)	-3.532	.002
Can teach the principles of HomeFront Strong	2.3 (0.7)	4.0 (1.0)	-7.249	.000
Can teach strategies for resilience	3.6 (0.7)	4.4 (0.7)	-4.949	.000
Can teach strategies for practicing gratitude	3.8 (0.7)	4.6 (0.5)	-5.587	.000
Know how to help participants discover their own story about military/veteran life	2.8 (0.6)	4.2 (0.6)	-10.722	.000
Can teach about the physiology of stress	3.7 (0.6)	4.1 (0.5)	-3.508	.002
Can teach participants how to rate their stress levels	3.8 (0.9)	4.6 (0.5)	-5.812	.000
Can teach participants about the connections between thoughts, feelings, and actions	3.8 (0.7)	4.5 (0.5)	-4.765	.000
Can teach participants how to identify their negative thoughts	3.9 (0.6)	4.5 (0.5)	-5.555	.000
Can teach participants how to Dispute their negative thoughts	3.6 (0.8)	4.4 (0.6)	-4.800	.000
Can teach participants how to Discover other perspectives	3.5 (0.9)	4.3 (0.7)	-5.333	.000
Can teach participants how to use Distraction from negative thoughts	3.7 (0.9)	4.5 (0.6)	-4.682	.000
Can teach participants how to identify "good" friends	3.9 (0.6)	4.5 (0.6)	-4.067	.001
Can teach participants about different kinds of social support	3.9 (0.7)	4.4 (0.5)	-4.067	.001
Can teach participants strategies for allowing difficult emotions	3.5 (0.9)	4.3 (0.6)	-4.660	.000
Know how to teach diaphragmatic breathing	3.8 (1.1)	4.2 (0.9)	-2.990	.008
Know how to teach affirmations, mantras, and mottos	3.7 (1.0)	4.3 (0.7)	-3.269	.004
Know how to teach progressive muscle relaxation	4.0 (0.8)	4.3 (0.7)	-2.333	.031
Know how to teach visualization	3.9 (0.9)	4.4 (0.6)	-3.684	.002
Know how to teach guided imagery	3.8 (0.9)	4.3 (0.6)	-3.750	.001
Know how to teach mindfulness	3.7 (0.9)	4.4 (0.6)	-3.314	.004

¹ Several items based on slightly lower N (range of $N = 19$ to $N = 21$) due to missing responses.

2. Fidelity checklists

After each group session, facilitators complete a fidelity checklist to indicate whether and how well they covered each of 11–14 key concepts matched to the manualized curriculum. A trained HFS staff member who did not co-lead the group also completes a fidelity checklist based on reviewing an audio or video-recording of the session. These checklists are reviewed in coaching calls to help guide facilitators in their implementation of HFS.

As of the end of Year 3, we have received 100% of the fidelity checklists, for a total of 99 checklists (40 from community site facilitators, 26 from HFS staff co-leading groups, and 33 from HFS staff reviewing group recordings). Across 8 sessions per group, the facilitators and staff rate whether or not each of the key concepts were covered. As of the four groups that were completed during Year 3, 99% of the concepts were rated as covered, with the remainder rated as partially covered. HFS staff and community facilitators were in agreement about whether key concepts were covered in each session.

As we complete additional group cycles in Year 4, the fidelity checklist data will be used to further assess fidelity of implementation and adherence to the HFS manual at existing and new sites.

3. Post-group survey and interview

Four group cycles at four community sites were completed in this reporting period (3 Enhanced group with a community provider and HFS staff co-lead; 1 Basic group with two community providers as the co-leads). All community site providers ($N=5$) completed the post-group survey and interview, as did the HFS staff co-leader for the Enhanced groups. Preliminary review of feedback from the community site facilitators indicated high levels of satisfaction with the experience.

All 5 community facilitators agreed or strongly agreed that:

- The 2-day training was helpful in preparing them to lead a group.
- The HFS Coach gave useful and constructive feedback during implementation.
- Coaching was important to implementing the group successfully.
- They would recommend the program to colleagues.

Facilitators also commented on the value of the training and preparation they received:

- “The manual was great with the materials that were provided. I felt prepared and confident with the training and coaching presenting for the first time.”
- “The training, preparation and coaching were excellent.”
- “I felt prepared and received supportive coaching.”
- “I think I learned a lot about working with military families.”
- “I really liked the manual and how it pulled together all the pieces in a way that you could follow it and present it in a really structured manner. It made a lot of sense how the different pieces fit together. It was nice to see some of the most current theories thrown in there and used.”

Facilitators noted that the coaching calls helped in multiple ways, including building knowledge and confidence as they led the HFS group cycle for the first time; reinforcing the content provided through the training and manual; and receiving feedback about successes and challenges. They also said they enjoyed co-leading and felt the process went well.

When asked what they enjoyed most about the group, facilitators mentioned the positive effects of seeing participants support each other:

- “I enjoyed the relationships that were developed, the participants who committed 8 weeks to participate in the program. Observing the supportive relationships that developed, and the participants learning coping techniques to deal with the hardships of military life. I understand the sacrifices these families make and I'm grateful for being given the opportunity to be part of the program.”
- “Watching the group come together and support each other. More than one participant said that it was helpful to share their stories of their experience as there is very little representation in this area of military culture.... They did not feel as alone in their experience.”
- “I am very grateful that this service is provided. I've known for years that the spouses were a very underserved group of people and have felt very strongly that they have needed some support as well as the people who have served.”

Further analyses of the post-group survey and interview data will be ongoing as the sample size increases.

iv) Other achievements

Nothing to report

v) Stated goals not met

Our progress on this goal is steady, and will continue in Year 4.

Goal 3: Evaluate Group vs. Web-based HFS in a sample of 360 military and veteran spouses/partners and their children

i) Major activities

In this funding period, activities for Goal 3 launched in earnest with recruitment of participants into the study. Year 3 has seen a continued emphasis on building partner relationships to support participant recruitment. See Outreach Activity in Appendix B for a comprehensive list of outreach activities in this funding year, including attending nearly 60 outreach events, sending over 900 emails, making over 400 phone calls, sending out almost 500 mailings, and visiting more than 80 community organizations. Our team has developed a strategic plan for outreach that includes partner engagement (e.g., Michigan National Guard, Michigan Veterans Affairs Agency, Regional Veteran Community Action Teams, Star Behavioral Health Providers, Ann Arbor VA, and Blue Star Families) and direct recruitment of participants (Yellow Ribbon events, NG Family Programs Conference, Family Readiness Groups, social media). We have also completed a community mapping strategy for cities identified as locations for imminent groups, and canvass those areas with program and recruitment information. At the end of this Year, we

secured an MOU with the Michigan National Guard that will support greater direct access to National Guard families and to leadership.

ii) Specific objectives

Consistent with the proposed Scope of Work for this Goal, work on the following objectives has continued in Year 3:

- **Recruit participants**

- The University of Michigan IRBMED approved the continuing review, with an updated approval period of 12/21/2016 through 12/20/2017. Another Scheduled Continuing Review is in process.
- Partnerships continue to be established and maintained with local and state-level military/veteran organizations. HFS staff members have attended individual and group meetings to promote the HFS program and to share recruitment information.
- We completed a comprehensive community mapping of all resources (schools, pediatricians, libraries, media, public message boards, etc.) for four locations, and are working on two additional locations that are imminently slated for HFS groups.
- In Year 3 we began recruiting and enrolling study participants. Outreach activities targeted areas planned for group sites. A range of outreach activities occurred, including representation at 59 military/veteran events (reach of 5000+ individuals), 909 emails, 411 phone calls, 454 mailings, 81 community flyer postings, and a social media campaign. See Appendix B for a comprehensive list of Outreach Activity in the past Year.
- As seen in Appendix C (Recruitment Flowchart), 266 potential participants indicated initial interest in participating in HFS. Recruitment and enrollment activity breaks down as follows:
 - ◆ 59 individuals remain in queue to be screened for eligibility (e.g., ongoing attempts to contact and conduct screening)
 - ◆ 30 individuals who could not be reached or did not respond after multiple attempts were removed from the screening queue
 - ◆ 177 individuals were screened for eligibility criteria and continued interest in participating in the program.
 - 11 are pending consent, enrollment, and the pre-HFS interview (8 wait list for location; 2 to be scheduled; 1 scheduled for early in Year 4)
 - 100 have consented and enrolled in HFS
 - 6 will be allocated to an HFS condition after completion of the pre-HFS survey
 - 6 were administratively withdrawn before being allocated to a condition
 - 88 completed the pre-HFS assessments and were allocated to an HFS condition (53 HFS group; 35 HFS website)
 - 66 individuals were excluded
 - 29 individuals were deemed ineligible (12 were not a spouse/partner, 5 were not Post-9/11, 11 lived out of state, 1 had a language barrier)

- 37 were excluded for other reasons (26 not interested in the program and 11 unreachable)
- Recruitment in Year 3 was nearly consistent with the projected timeline, as seen in the table below and in Appendix D (Projected-Actual Recruitment Graph).

Q1: 13	Sept. 2016: 0	Oct. 2016: 6	Nov. 2016: 7
Q2: 26	Dec. 2016: 10	Jan. 2017: 6	Feb. 2017: 10
Q3: 35	March 2017: 19	April 2017: 8	May 2017: 8
Q4: 26	June 2017: 6	July 2017: 10	Aug. 2017: 10
Total: 100			
- **Conduct pre-, post-, 3-month, and 6-month follow-up assessments with participants**
 - Collection of assessment data began this Year as participants in the group and website conditions completed their HFS program cycles. During Year 3, a total of 46 participants out of 54 (85%) who were time-eligible completed the post-HFS survey (81% group; 89% web-based); 19 out of 33 (58%) who were time-eligible completed the 3-month survey and interview (57% group; 58% web-based); and 3 out of 6 (50%) who were time-eligible completed the 6-month survey (not time-eligible for group participants; 50% web-based). Please see Tables 2 and 3 below (Condition Status; Assessment Response Rates) for additional data collection details, including assessment status and response rates of time-eligible participants overall and by condition.

Table 2. Condition Status as of End of Year 3

Status	N	%
Group Condition		
Group start pending	23	43.4%
Group in progress	4	7.5%
Group ended	26	49.1%
Group Subtotal	53	100.0%
Website Condition¹		
Online program in progress	7	20.0%
Online program ended	28	80.0%
Website Subtotal	35	100.0%
Overall		
Program start pending	23	26.1%
Program in progress	11	12.5%
Program ended	54	61.4%
Total	88	100.0%

¹ Participants in the website condition can begin the program without waiting for a group to start, thus no "pending" status.

Table 3. Assessment Response Rates as of End of Year 3¹

Assessment	Group Condition		Website Condition		Overall	
	N	%	N	%	N	%
Post (Survey)						
Invited (window opened)	26	—	28	—	54	—
Completed	21	80.8%	25	89.3%	46	85.2%
Not completed, window still open	0	0.0%	0	0.0%	0	0.0%
Not completed, window closed	5	19.2%	3	10.7%	8	14.8%
3-Month (Survey, Interview)						
Invited (window opened)	14	—	19	—	33	—
Completed 2 parts	8	57.1%	11	57.9%	19	57.6%
Completed 1 part, window still open	0	0.0%	1	5.3%	1	3.0%
Neither completed, window still open	0	0.0%	1	5.3%	1	3.0%
Neither completed, window closed	6	42.9%	6	31.6%	12	36.4%
6-Month (Survey)						
Invited (window opened)	0	—	6	—	6	—
Completed	0	—	3	50.0%	3	50.0%
Not completed, window still open	0	—	2	33.3%	2	33.3%
Not completed, window closed	0	—	1	16.7%	1	16.7%

¹ Study is ongoing, so numbers reflect only participants who reached program end and related assessment timepoints.

iii) Significant results or key outcomes

Below we describe a selection of preliminary results based on the sample of participants engaged in the study at this point. These findings are preliminary in nature as the study is ongoing, with the current sample size significantly less than projected for the final outcomes.

Demographics and Descriptives (Pre-HFS)

Participants who enrolled and were allocated to a study condition in Year 3 completed the pre-HFS survey, which includes such questions as demographics, military background of the spouse/partner, and established measures of multiple mental health and wellness constructs. Participants self-select into a study condition (HFS group or web-based) based on their preferences and group availability. General demographics and military background are fairly comparable across the group and website conditions. Please see Tables 4 and 5 below for further details from the pre-HFS survey, including the breakdown by group and web-based conditions ($N = 53$ and 35 , respectively).

General demographics of the sample to date ($N = 88$), include:

- *Age*: mean of 33.3 years old ($SD = 8.0$, range = 19–62)
- *Gender*: majority are female (98.9%)
- *Ethnicity*: majority are Caucasian (78.2%)
- *Marital status*: majority are married (80.5%)
- *Children*: majority have children (78.4%)

Table 4. General Demographics: Pre Survey as of End of Year 3

Characteristic	Group Condition (<i>N</i> = 53) ¹		Website Condition (<i>N</i> = 35) ¹		Overall (<i>N</i> = 88) ¹	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Age (years)						
Mean	33.7 (SD = 7.5)		32.7 (SD = 8.7)		33.3 (SD = 8.0)	
Range	19–59		20–62		19–62	
Mode	29, 33 (9.6% each)		28, 29 (11.4% each)		29 (10.3%)	
Gender						
Female	53	100.0%	34	97.1%	87	98.9%
Male	0	0.0%	1	2.9%	1	1.1%
Ethnicity						
Caucasian	41	78.8%	27	77.1%	68	78.2%
African American	2	3.8%	4	11.4%	6	6.9%
Hispanic	3	5.8%	2	5.7%	5	5.7%
Asian American	0	0.0%	1	2.9%	1	1.1%
Native American	1	1.9%	0	0.0%	1	1.1%
Multi-ethnic	5	9.6%	1	2.9%	6	6.9%
Marital Status						
Married	44	84.6%	26	74.3%	70	80.5%
Unmarried, cohabitating	8	15.4%	4	11.4%	12	13.8%
Committed relationship, not cohabitating	0	0.0%	4	11.4%	4	4.6%
Divorced	0	0.0%	1	2.9%	1	1.1%
How Long in Committed Relationship with Current Spouse/Partner (years)						
Mean	8.7 (SD = 5.5)		9.4 (SD = 6.3)		9.0 (SD = 5.8)	
Range	1.5–26		1–28		1–28	
Mode	3 (11.3%)		10 (11.8%)		10 (10.3%)	
Children and Parenting						
Has children	45	84.9%	24	68.6%	69	78.4%
Number of children under 18 living in home (of those with children)						
Mean	2.4 (SD = 1.5)		2.3 (SD = 1.1)		2.4 (SD = 1.4)	
Range	0–7		0–4		0–7	
Mode	2 (40.9%)		2 (45.8%)		2 (42.6%)	
Stepparent (of those with children)	12	28.6%	5	20.8%	17	25.8%
Single parent (of those with children)	1	2.3%	3	12.5%	4	5.9%

¹ Age, ethnicity, and marital status based on *N* = 52 for group and *N* = 87 overall due to missing responses.
Length of relationship based on *N* = 34 for website and *N* = 87 overall due to missing responses.

Table 4, continued. General Demographics: Pre Survey as of End of Year 3

Characteristic	Group Condition (N = 53) ¹		Website Condition (N = 35)		Overall (N = 88) ¹	
	N	%	N	%	N	%
Region of Residence						
Southeastern Michigan	25	49.0%	15	42.9%	40	46.5%
Western Michigan	15	29.4%	11	31.4%	26	30.2%
Central Michigan	11	21.6%	7	20.0%	18	20.9%
Northern Lower Peninsula	0	0.0%	2	5.7%	2	2.3%
Residential Environment						
Urban	10	19.2%	10	28.6%	20	23.0%
Suburban	28	53.8%	17	48.6%	45	51.7%
Rural	14	26.9%	8	22.9%	22	25.3%
Highest Level of Education						
Some high school	2	3.8%	1	2.9%	3	3.4%
High school diploma	4	7.5%	1	2.9%	5	5.7%
Some college	13	24.5%	9	25.7%	22	25.0%
Technical certificate or Associate's degree	10	18.9%	11	31.4%	21	23.9%
Bachelor's degree	20	37.7%	10	28.6%	30	34.1%
Graduate degree	4	7.5%	3	8.6%	7	8.0%
Employment (totals greater than 100% due to some participants indicating more than one)						
Working full-time	15	28.8%	15	42.9%	30	34.5%
Working part-time	11	21.2%	5	14.3%	16	18.4%
Homemaker	20	38.5%	11	31.4%	31	35.6%
Student	11	21.2%	6	17.1%	17	19.5%
Unemployed, looking for work	4	7.7%	2	5.7%	6	6.9%
Unemployed, not looking for work	1	1.9%	3	8.6%	4	4.6%
On disability	1	1.9%	2	5.7%	3	3.4%
On maternity or paternity leave	1	1.9%	1	2.9%	2	2.3%
Other (e.g., caregiver for spouse)	8	15.4%	6	17.1%	14	16.1%
Annual Family Income						
Below \$20,000	6	11.5%	3	8.6%	9	10.3%
\$20,001 to \$30,000	3	5.8%	4	11.4%	7	8.0%
\$30,001 to \$40,000	5	9.6%	9	25.7%	14	16.1%
\$40,001 to \$50,000	9	17.3%	3	8.6%	12	13.8%
\$50,001 to \$75,000	12	23.1%	8	22.9%	20	23.0%
\$75,001 to \$100,000	8	15.4%	4	11.4%	12	13.8%
\$100,001 to \$125,000	6	11.5%	3	8.6%	9	10.3%
Over \$125,000	3	5.8%	1	2.9%	4	4.6%

¹ Region of residence based on N = 51 for group and N = 86 overall due to missing responses.

Residential environment, employment, and income based on N = 52 for group and N = 87 overall due to missing responses.

Military background of their spouse or partner:

- *Current military status*: majority are serving in the military (58.6%); remainder are veterans (41.4%)
- *For those currently serving*: largest subgroup is pre-deployment (31.4%)
- *Number of deployments*: largest subgroup has deployed once (34.6%)

Table 5. Military Background of Spouse/Partner: Pre Survey as of End of Year 3

Characteristic	Group Condition (N = 53) ¹		Website Condition (N = 35) ¹		Overall (N = 88) ¹	
	N	%	N	%	N	%
Current Military Status						
Serving in the military	27	51.9%	24	68.6%	51	58.6%
Veteran	25	48.1%	11	31.4%	36	41.4%
Stage of Deployment (for those who indicated military status as currently serving)						
Before deployment	10	37.0%	6	25.0%	16	31.4%
Currently deployed	5	18.5%	4	16.7%	9	17.6%
After deployment	5	18.5%	5	20.8%	10	19.6%
Other (e.g., not applicable, unsure)	7	25.9%	9	37.5%	16	31.4%
Number of Deployments (for all respondents)						
0	4	8.2%	4	12.5%	8	9.9%
1	19	38.8%	9	28.1%	28	34.6%
2	9	18.4%	8	25.0%	17	21.0%
3	9	18.4%	5	15.6%	14	17.3%
4 or more	8	16.3%	6	18.8%	14	17.3%
Military Branch (totals greater than 100% due to some serving in more than one)						
Active Duty: Army	20	38.5%	14	40.0%	34	39.1%
Active Duty: Navy	0	0.0%	2	5.7%	2	2.3%
Active Duty: Air Force	6	11.5%	3	8.6%	9	10.3%
Active Duty: Marines	8	15.4%	4	11.4%	12	13.8%
Active Duty: Coast Guard	0	0.0%	1	2.9%	1	1.1%
National Guard: Army	17	32.7%	12	34.3%	29	33.3%
National Guard: Air Force	10	19.2%	11	31.4%	21	24.1%
Reserve: Army	8	15.4%	1	2.9%	9	10.3%
Reserve: Navy	0	0.0%	1	2.9%	1	1.1%
Reserve: Air Force	1	1.9%	1	2.9%	2	2.3%
Reserve: Marines	1	1.9%	0	0.0%	1	1.1%
Reserve: Coast Guard	1	1.9%	1	2.9%	2	2.3%

¹ Military status and military branch based on N = 52 for group and N = 87 overall due to missing responses.

Number of deployments based on N = 49 for group, N = 32 for website, and N = 81 overall due to missing responses.

Mental Health Adjustment (Pre-HFS)

About 29% of participants in the overall sample reported symptoms of anxiety and 28% reported symptoms of depression at levels that would warrant clinical concern (i.e., meeting or exceeding cutoffs for symptoms of moderate anxiety or depression on the Generalized Anxiety Disorder Screener or the Patient Health Questionnaire, respectively). See Table 6 below for more information.

Table 6. Mental Health: Pre Survey as of End of Year 3

Characteristic	Group Condition (N = 53) ¹		Website Condition (N = 35) ¹		Overall (N = 88) ¹	
	N	%	N	%	N	%
Anxiety Symptoms (based on GAD-7 ¹ score)						
Mean	8.0 (SD = 5.4)		5.3 (SD = 4.1)		7.0 (SD = 5.0)	
Range	0–21		0–14		0–21	
Mode	2 (11.3%)		4 (20.0%)		2 (12.5%)	
Interpretation (total possible = 21; scores of 10 or greater indicate clinically significant symptoms)						
No or minimal anxiety (scores 0–4)	14	26.4%	19	54.3%	33	37.5%
Mild anxiety (scores 5–9)	20	37.7%	10	28.6%	30	34.1%
Moderate anxiety (scores 10–14)	12	22.6%	6	17.1%	18	20.5%
Severe anxiety (scores 15–21)	7	13.2%	0	0.0%	7	8.0%
Depression Symptoms (based on PHQ-9 ² score)						
Mean	7.2 (SD = 5.7)		5.9 (SD = 5.4)		6.7 (SD = 5.6)	
Range	0–22		0–16		0–22	
Mode	3 (15.1%)		0 (20.0%)		0 (12.5%)	
Interpretation (total possible = 27; scores of 10 or greater indicate clinically significant symptoms)						
No or minimal depression (scores 0–4)	22	41.5%	17	48.6%	39	44.3%
Mild depression (scores 5–9)	15	28.3%	9	25.7%	24	27.3%
Moderate depression (scores 10–14)	9	17.0%	4	11.4%	13	14.8%
Moderately severe depression (scores 15–19)	4	7.5%	5	14.3%	9	10.2%
Severe depression (scores 20–27)	3	5.7%	0	0.0%	3	3.4%
Suicidality (numbers indicate “Yes” responses)						
Thought about committing suicide in the last 12 months	4	7.5%	0	0.0%	4	4.5%
Attempted suicide in the last 12 months	0	0.0%	0	0.0%	0	0.0%
Ever seriously thought about committing suicide	11	20.8%	3	8.6%	14	15.9%
Ever attempted suicide	8	15.1%	1	2.9%	9	10.2%

¹ Generalized Anxiety Disorder Screener (GAD-7): Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166, 1092–1097.

² Patient Health Questionnaire (PHQ-9): Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606–613.

Suicide is also a primary variable of interest in the mental health domain. In this sample, 5% of participants indicated they had thoughts about committing suicide in the last 12 months (5% group, 0% web), with no reported attempts in the past year. When considering lifetime prevalence of suicidality, 16% reported ever seriously thinking about suicide (21% group, 9% web), while 10% of the sample indicating at least one suicide attempt in their lifetime (15% group, 3% web).

On measures of mental health, participants in the group condition tended to indicate greater symptoms of anxiety, depression, and suicidality risk factors than those in the website condition. As these are very preliminary analyses at this stage of the study, it is possible that the inter-subsample differences on the mental health measures will change as the number of participants in each condition increases. In Year 4 as the sample size grows, we will check for possible significant differences between the conditions based on the pre-HFS assessment. We will also consider other variables of interest, including post-traumatic stress, family stress, and alcohol use.

Satisfaction with HFS – Post-HFS

After completing the HFS group or the 8-week window for the web-based condition, participants are asked to complete a Post-HFS assessment. 46 out of 54 participants (85%) who were time-eligible completed the Post-HFS assessment (81% of the group condition; 89% of the web-based condition). Preliminary review of post-HFS survey responses indicates high levels of satisfaction with the program. 96% of participants thought that HFS was helpful (95% of the group condition, 96% of the web-based condition). 98% of participants would recommend HFS to other military/veteran spouses or partners (100% for the group condition; 96% for the web-based condition).

In open-ended questions on the Post-HFS survey, participants were asked to provide feedback about their experiences with HFS:

- “There literally are not enough words to describe just how beneficial this program was for me and my family. I have learned tools that have impacted the way I feel, cope, manage, and react to stress. I have learned how to let other people in and share in experiences that can help me. I have learned that I am not alone. These are just a few things that have helped me and continue to impact my life every single day.”
- “It gave me a better sense of communication with my spouse and to understand his struggles as a veteran of the war.”
- “It gave a lot of helpful ideas on how to cope with situations. The ideas can be used for military or civilian purposes. These ideas can be used throughout the rest of a person's life while still with the military and once you are out of the military.”

Group participants gave feedback about the strengths of the in-person HFS groups, and in particular, the opportunity to connect with others:

- “I loved being able to hear others stories and not feel so alone. Learned new things to try.”

- “Meeting women who I could relate to was incredibly helpful. It was eye opening to see how although we have different situations and personalities we all ultimately could come together during group based on our military experience.”
- “This group was awesome - it was exactly what I needed. I know so many other women that could benefit from this program; I wish I had been able to participate and use these ideas/techniques before and during my husband's deployment.”

Group participants also gave feedback about the strengths of the in-person HFS groups for their children:

- “My daughter who was able to participate now challenges herself to make a connection with other people more, including her dad who she lost some communication with since being a military family. I will forever be grateful for HomeFront Strong.”

Web-based participants shared feedback about the strengths of the HFS web-based program:

- “Self-paced and could do it on my own time”
- “I personally liked that it wasn't judgmental and the program really seemed to understand what families face in the "here and now".”
- “It provided a lot of useful tools to help my family and I cope during this deployment. It helped me to learn better how to deal with my emotions.”
- “The information how to deal with certain situations, maybe even a refresh of knowledge that we have tucked away and forgotten about. The program in all made me feel important that I am a spouse of the military. In a sense that my opinion or my thoughts can be heard and that I am learning new things.”

Web-based participants also shared suggestions for improving the website:

- “Doing it on the computer, there was no interaction with a leader or spouses to see how others handle different situations. Getting other's viewpoints would have been good.”
- “I would enjoy more of the interactive exercises.”
- “I wish the program was longer!”
- “Should find a way to have out of town participants join group through technology.”

Pre-Post Knowledge Changes

The Post-HFS assessment includes a set of questions that assess changes in knowledge and skills across the key topic areas covered in the HFS curriculum. Participants indicate how much they agreed/disagreed with 19 specific statements before and after the group, using a 5-point scale ranging from strongly disagree = 1 to strongly agree = 5. We conducted preliminary analyses of the overall sample, electing to defer analyses between groups since the sample size is not yet sufficient for such comparison. As seen in Table 7 below, results of paired-samples *t*-tests showed that mean scores increased on each item, indicating that participants felt they had greater knowledge and skills in core areas after participating in HFS.

Table 7. Participants' Perceived Changes in Knowledge and Skill: Post Survey as of End of Year 3

Content/Skill	Before HFS (<i>N</i> = 46) ¹	After HFS (<i>N</i> = 46) ¹	<i>t</i>	<i>p</i>
	Mean (SD)	Mean (SD)		
Confidence in my ability to be resilient	3.4 (1.0)	4.3 (0.7)	−5.319	.000
Knew how to practice gratitude	3.4 (1.1)	4.5 (0.6)	−6.240	.000
Knew my own story about military/veteran life	4.0 (1.1)	4.4 (0.7)	−3.246	.002
Understood the physiology of stress	3.5 (1.0)	4.4 (0.6)	−5.683	.000
Knew how to rate my level of stress	3.1 (1.2)	4.5 (0.6)	−7.203	.000
Could identify how my thoughts, feelings, and actions were connected	3.2 (1.1)	4.5 (0.6)	−7.580	.000
Knew how to identify my negative thoughts	3.3 (1.1)	4.4 (0.6)	−5.655	.000
Knew how to Dispute my negative thoughts	2.9 (1.1)	4.3 (0.6)	−6.967	.000
Knew how to Discover other perspectives, different from my own negative thoughts	3.0 (1.1)	4.3 (0.6)	−6.992	.000
Knew how to Distract myself from negative thoughts	3.0 (1.3)	4.4 (0.6)	−7.107	.000
Knew how to identify “good” friends	3.6 (1.0)	4.5 (0.6)	−5.891	.000
Knew about different kinds of social support I need	3.1 (1.1)	4.4 (0.5)	−6.916	.000
Knew how to allow difficult emotions	3.1 (1.2)	4.3 (0.7)	−6.031	.000
Knew how to use diaphragmatic breathing	2.7 (1.3)	4.4 (0.7)	−7.185	.000
Knew how to use affirmations, mantras, and mottos	3.1 (1.2)	4.4 (0.7)	−6.404	.000
Knew how to use progressive muscle relaxation	2.8 (1.2)	4.4 (0.7)	−6.788	.000
Knew how to use visualization to help myself relax	3.0 (1.1)	4.4 (0.6)	−7.628	.000
Knew how to use imagery to help myself relax	2.9 (1.2)	4.3 (0.7)	−6.709	.000
Knew how to use mindfulness to help myself relax	3.0 (1.1)	4.4 (0.6)	−7.965	.000

¹ Several items based on slightly lower *N* (range of *N* = 43 to *N* = 45) due to missing responses.

Pre-Post Mental Health Outcomes

The Pre and Post-HFS assessments include standardized measures of depressive symptoms (PHQ-9) and anxiety (GAD-7), in addition to other measures of mental health, adjustment, and resilience. As depression and anxiety are primary targets of the intervention, we conducted preliminary analyses looking at outcomes on these two variables, recognizing that conclusions should be viewed cautiously at this point.

We conducted paired *t*-tests on the pre-HFS and post-HFS scores computed from the Generalized Anxiety Disorder Screener and the Patient Health Questionnaire. As see in Table 8 below, results from these preliminary analyses showed that mean scores decreased on these measures, indicating a reduction in reported symptoms of anxiety and depression after participating in the HFS program.

Table 8. Participants' Changes in Mental Health Symptoms: Post Survey as of End of Year 3				
Characteristic	Before HFS (<i>N</i> = 46)	After HFS (<i>N</i> = 46)	<i>t</i>	<i>p</i>
	Mean (SD)	Mean (SD)		
Anxiety symptoms (based on GAD-7 score)	6.5 (4.7)	5.1 (4.9)	2.059	.045
Depression symptoms (based on PHQ-9 score)	6.8 (5.9)	5.3 (5.4)	2.110	.040

Because the sample sizes are still small, we are not in a position to compare outcomes between the two program conditions. While these data are in no way a final indicator of program success, they provide encouraging indications of how participants to date perceive the effects of HFS on a series of skills and knowledge related to resiliency.

iv) Other achievements

Nothing to report

v) Stated goals not met

Our progress on this goal is steady, and will continue in Year 4.

What opportunities for training and professional development has the project provided?

In Year 3, training and professional development received by our team included:

- America's Warrior Partnership Annual Symposium 2016
- Ann Arbor VA Mental Health Summit 2016
- Defense Centers of Excellence (DCOE): Outreach and Support to Military Families: Ethnic/Cultural Considerations
- DCOE: Perspectives for Women with Traumatic Brain Injury
- DCOE: Real Warriors Campaign Winter Partner Conference Call
- Empowering Heroes: Pathways to InnoVation
- National Association of Social Workers: New Rules for Social Work Practice in Michigan
- National Summit on Military and Veteran Peer Programs, M-SPAN at the University of Michigan
- Office of the Secretary of Defense; Manpower & Data Center (OASD M&RA):
- SafeTalk Suicide Prevention Training
- SAMHSA SMVF TA Center Webinar: Behavioral Health Needs of Military Drone Operators
- Student Veterans of America National Conference 2017
- Thriving Under Stress: Using the Power of Mindfulness to Be Fully Present and Resilient
- University of Michigan Panel Discussion: Women Veterans
- University of Michigan Panel Discussion: World War II Veterans
- University of Michigan Department of Psychiatry, Suicide Prevention Resource Center: Assessing and Managing Suicide Risk
- University of Michigan Department of Psychiatry's Women and Infants Mental Health Program: The Happiest Baby
- University of Michigan School of Social Work: Building Healthy, Strong Communities

How were the results disseminated to communities of interest?

Year 3 has focused on training community providers in the HFS model, recruiting and enrolling participants into HFS, offering HFS groups at community sites, and completing the multi-wave evaluation protocol with participants as they complete the group or web-based condition of HFS. At this point, we have the beginnings of preliminary data for the intervention, but are not at a point of disseminating findings of the study. We have attended an expansive number of meetings with local and state partners to share information about HFS for the purpose of recruiting additional community sites and to establish a recruitment pipeline for HFS participants (see Appendix B, Outreach Activity).

What do you plan to do during the next reporting period to accomplish the goals?

Goal 1: Develop and field test a mobile website of HFS program content

The development activities of Goal 1 have been completed. Consistent with the Scope of Work, Year 4 will include ongoing activity in two areas:

1. Participant usage of mobile website
 - Continue enrolling participants in the HFS website via administrative console
 - For enrolled participants, activate website and push notification system for HFS content and homework reminders
 - Monitor the HFS site for any implementation issues and modify as needed
2. Retrieve and evaluate usage data after completion of each group cycle
 - Retrieve usage data from the secure site at timed intervals related to the group cohort or individual's completion of the program
 - Collect paradata from site usage (e.g., how many clicks or time on page translates to session completion) and transform to SPSS variables for analyses

Goal 2: Train community providers to disseminate HomeFront Strong at their community sites

Consistent with the Scope of Work, the next funding period will focus on three objectives towards meeting Goal 2, with the following activities:

1. Engage community partners
 - Support ongoing partnerships with Easter Seals Michigan and the VFW National Home, with plans to launch second and possibly third group cycles (responsive to recruitment) at these sites in Year 4. For example, the second cycle for the EasterSeals Grand Rapids site launched at the end of the 4th Quarter of this Year 3, and a second cycle for the EasterSeals Southfield site will begin in the 1st Quarter of Year 4. Recruitment is underway for a 4th new site with EasterSeals, and planning is underway for a second cycle at the VFW National Home.
 - Secure additional community partners representing different types of community sites. A key intention of Goal 2 is to disseminate HFS widely to community providers who can become points of excellence in their communities providing high quality care to military and veteran families beyond the life of this grant. To that end, we are courting community partners who represent different types of sites (e.g., private agencies, charitable organizations, private practice, military/veteran-connected programs). We began a partnership with a private practice provider in Year 3, and she will co-lead a group cycle in the 1st Quarter of Year 4. Negotiations are also in process to expand into other regions, with an MOU pending with a Community Mental Health Agency and targeted efforts to engage a Vet Center.
2. Conduct HFS training with community providers
 - As new community sites and partners are identified, we will continue with the training and coaching protocol as described earlier in this report. Our HFS staff

will co-lead the HFS groups for community providers in the Enhanced condition, and will provide weekly coaching to community providers in both Basic and Enhanced training conditions.

3. Evaluate implementation of HFS with community providers
 - As new groups are launched, we will continue to evaluate the implementation process with community providers, including a qualtrics surveys at 3 time points (pre-training, post-training, post-group) and post-group interviews with providers. We will also evaluate the fidelity of HFS implementation through completion of weekly fidelity checklists with community providers and with HFS staff external to the group independently coding session fidelity based on video/audio recordings of each session.
4. Data review and analyses
 - Data review and analyses will be ongoing, including analyses of survey results and fidelity checklists from community providers, and transcription of post-group interviews with community providers.

Goal 3: Evaluate outcomes of Group vs. Web-based HFS in a sample of 360 military and veteran spouses/partners

Consistent with the Scope of Work, the next funding period will focus on two objectives towards meeting Goal 3, with the following activities:

1. Recruit participants
 - Based on community site location, our team will continue to develop and implement strategic recruitment plans with community mapping, leveraging state-wide partnerships, conducting event-specific recruitment, and expanding our social media presence. Recruitment has been steady this year, and we expect that to continue as our program becomes a mainstay in the region. It is of note that saturation of market may occur in specific cities or site locations (e.g., we recruit all the interested participants in a certain area at that time), and as such we may need to consider dissemination to more than the initial 8 community sites planned. Our budget is such that this is feasible.
 - At the end of Year 3, we secured an MOU with the Michigan National Guard that outlines a robust partnership and support for recruitment efforts. We will diligently pursue these avenues in Year 4, and intend that this strategy will also keep recruitment steady.
2. Conduct evaluation of program outcomes
 - We will continue to execute the established evaluation protocol with participants with assessments at four time points (pre-group, post-group, 3- and 6-month follow-up; including surveys and qualitative interviews). As the participant number increases and our data sample increases, we will be able to conduct preliminary analyses of survey results and transcriptions of interviews for key themes.

4. IMPACT:

What was the impact on the development of the principal discipline(s) of the project?

The HFS mobile website and Administrative Console have the potential to significantly impact the well-being of military and veteran spouses/partners who before could not participate in an in-person program because of geographic location, transportation issues, or other time commitments. The website includes all components of the HFS program, delivered on-line, through a secure, password protected site that is easily accessible via mobile/smart phone platforms. Military and veteran spouses/partners who previously would have struggled to attend an in-person program will now have the opportunity to receive the same evidence-informed materials in an on-line format.

The project has had a direct and positive impact on the families who have participated in HFS, both in the group and in the web-based condition. Anecdotally, and with emerging follow-up data, participants overwhelmingly report a strong connection with the HFS materials and show gains.

The project has also had a positive impact on the community providers who have led the HFS group intervention. As described previously, this has been a high quality experience for the providers, most of whom have had little previous professional experience with military/veteran populations. Through this project, we have created communities of excellence where providers are now trained in evidence-based practices to support military and veteran families. Their impact on the community is expected to continue beyond the life of the grant.

What was the impact on other disciplines?

Nothing to report

What was the impact on technology transfer?

Nothing to report.

What was the impact on society beyond science and technology?

Nothing to report.

5. CHANGES/PROBLEMS:

The following information has previously been discussed in Quarterly Reports and a modified Scope of Work was approved in this Year.

Changes in approach and reasons for change

In the original grant proposal for this project, the HFS mobile website (Goal 1) was intended as a supplemental option for HFS participants to have greater access to program materials. During the initial award period, the Peer Review Panel recommended a study design change to include a comparison condition for HFS. This feedback led to a significant design modification, resulting in this current quasi-experimental study comparing 1) HFS group participation to 2) a Web-based version of HFS delivered via the mobile website. This design change strengthened the overall study and will allow more meaningful interpretation of the impact of HFS. However, this modification meant that the HFS mobile website had to be fully operational prior to initiation of any other elements in the project (e.g., participants could not be enrolled in HFS until both Web-based and Group conditions were viable; providers should receive HFS training near to the time of launching their first HFS group to avoid loss of knowledge). Thus, the overall timeline of the project was modified to prioritize the development of the mobile website. There have been no other changes in approach.

Actual or anticipated problems or delays and actions or plans to resolve them

Development of the HFS mobile website was delayed for several months after receipt of funding because our collaborating team at the Center for Health Communications Research needed to clear staff effort for the project. In Quarter 2 of Year 1, CHCR staff launched a sprinting development for the website, and completed the site development in Year 1, with pilot testing finalized in Year 2. Because of this delay, efforts on Goals 2 and 3 were not launched in earnest until the current Year 3. Our progress on Goals 2 and 3 have been steady this year, with 22 community providers trained, groups offered at 4 community sites, and 88 participants enrolled in the study. We anticipate that full execution of the study goals is entirely feasible, but will require a no-cost extension which we will pursue in Year 4.

Changes that had a significant impact on expenditures

Because of the change in timeline and prioritizing Goal 1 (HFS mobile website development), the bulk of activities for Goal 2 (Training community providers) and Goal 3 (Enrolling participants into HFS Group/Web-based conditions) were adjusted to launch in Year 3. Accordingly, we delayed the hiring of staff critical for Goals 2 and 3 and have preserved a significant portion of the overall budget.

Significant changes in use or care of human subjects

There were no significant changes in the use or care of human subjects. Our IRB approval remains current with the University of Michigan and HRPO.

Of note in this reporting period, there was one ORIO (Other Reported Incidence and Occurrence) reported to the University of Michigan IRB concerning a minor (17-year-old) who was consented to participate in the program without the study team knowing her age. Once her age was discovered, we consulted with the U of M IRB and followed their guidance in explaining the

situation to the participant and paying her for her first assessment, but administratively withdrawing her from the study. As a result of this protocol deviation, we revised our screening protocol to avoid any incidents like this going forward. Program staff were re-trained to ask for age during the initial screening process. The age category on the screening form has been highlighted at the top of the page to clarify its importance. After each potential participant is screened, the screening form is then reviewed by a second staff member to verify that all eligibility criteria are met.

Significant changes in use or care of vertebrate animals.

Nothing to report

Significant changes in use of biohazards and/or select agents

Nothing to report

6. PRODUCTS:

Publications, conference papers, and presentations

As only preliminary data has been accrued in this reporting period, there have been no scientific publications or presentations from data generated under this award.

Website(s) or other Internet site(s)

As described, the HFS mobile website and the HFS Administrative Console (Goal 1) are fully operational and have been pilot tested with participants. To access the development portal of the website, please use the following website address, with the provided username and password. Please note that this is the development site, with sample and nonsensical answers on some pages.

<https://kees.miserver.it.umich.edu/main>

username: test@example.com

password: test

Technologies or techniques

Nothing to report

Inventions, patent applications, and/or licenses

Nothing to report.

Other Products

HomeFront Strong participant workbook

HomeFront Strong group leader manual

HomeFront Strong training protocol, with slide deck

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

Name:	Michelle Kees, PhD
Project Role:	Principal Investigator
Researcher Identifier	0000-0001-5953-2317
Nearest person month worked:	3.25 CM
Contribution to Project:	Dr. Kees is responsible for implementing all aspects of the project. She is the lead author on the HFS program materials, including the curriculum, participant workbook, training materials, and program content for the mobile website. She supervises all staff on the project and co-leads the community training and coaching.
Funding Support:	No other support
Name:	Jodi Goodman, MSW
Project Role:	Project Coordinator
Researcher Identifier	Not applicable
Nearest person month worked:	11.8CM
Contribution to Project:	Ms. Goodman is responsible for overseeing all aspects of coordinating the project, including tracking recruitment, conducting assessments, leading the children's group and supervising team members, coordinating training activities and group sessions, and coaching community providers.
Funding Support:	Nothing to report
Name:	Jennifer Lamb, MSW
Project Role:	Clinical Therapist
Researcher Identifier	Not applicable
Nearest person month worked:	9.64
Contribution to Project:	Ms. Lamb is responsible for co-leading HFS groups in the community, leading coaching calls with community providers, recruiting new community sites and managing our partnerships, and co-leading community provider trainings.
Funding Support:	Nothing to report

Name:	Rebecca Couch
Project Role:	Outreach Coordinator
Researcher Identifier	Not applicable
Nearest person month worked:	12 CM
Contribution to Project:	Ms. Couch is responsible for recruiting participants through establishing direct relationships with local and state-level military/veteran service organizations, attending community and military/veteran events, completing community mapping and canvassing exercises, and engaging in social media. In addition to recruitment, she also screens potential participants and assists with assessments.
Funding Support:	Nothing to report
Name:	Margy Howes
Project Role:	Project Administrator
Researcher Identifier	Not applicable
Nearest person month worked:	1.4 CM
Contribution to Project:	Ms. Howes is responsible for providing administrative support to the HFS team.
Funding Support:	No other support
Name:	Chrysta Meadowbrooke
Project Role:	Research Evaluator
Researcher Identifier	Not applicable
Nearest person month worked:	2.71 cm
Contribution to Project:	Ms. Meadowbrooke has contributed to the methodological design and the IRB proposals. She is responsible for the Qualtrics survey and managing the database for both the provider and participant data collection. She also analyzes data and prepares results for publication and presentation.
Funding Support:	No other support

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Nothing to report.

What other organizations were involved as partners?

Organization Name	EasterSeals Michigan, Inc.
Location of Organization	Centerline, Southfield, Grand Rapids, Michigan
Partner's contribution to the project	Facilities; Collaboration; Personnel. We have an MOU with Easter Seals Michigan designating them as a network of community sites for dissemination of HFS. In this Year, we have co-led or supported three group cycles at three different community sites with their staff members. We anticipate offering second group cycles at each of these three locations in Year 4, and will be adding 1-2 additional community sites with EasterSeals.

Organization Name	VFW National Home
Location of Organization	Eaton Rapids, MI
Partner's contribution to the project	Facilities; Collaboration; Personnel. We have an MOU with the VFW National Home designating them as a community site for dissemination of HFS. Our team co-lead one group cycle on site with one of their staff members. We anticipate offering another group cycle in Year 4.

Organization Name	Michigan National Guard
Location of Organization	Lansing, Michigan
Partner's contribution to the project	Collaboration. We secured an MOU with the MING in the 4 th Quarter of Year 3 that will afford expanded opportunities for collaboration and partnership with the MING for participant recruitment. The PI also now serves on the Community Health Promotion Council (CHPC) with the MING which continues to bolster the partnership.

8. SPECIAL REPORTING REQUIREMENTS

Quad Chart

HomeFront Strong: Building Resiliency in Military Families

Log # 13046016 Defense Health Program (DHP)
W81XWH-14-1-0362



PI: Michelle Kees, PhD Org: University of Michigan Award Amount: \$3,519,402.00

Study/Product Aim(s)

Objective: Improve psychological health and adjustment in military and veteran spouses and children through HomeFront Strong (HFS), a resiliency intervention for military and veteran families in civilian communities.

Aim 1: Develop and field test a mobile site of HFS program content.

Aim 2: Train community clinicians to disseminate HFS at 8 community sites.

Aim 3: In a quasi-experimental design, evaluate group vs. home/web-based HFS in a sample of 360 military and veteran spouses/partners using an established risk/resiliency assessment (W81XWH-12-1-0419).

Approach

Community sites will be randomized to a Basic or Enhanced training model to identify key training components necessary for high fidelity in community implementation of HFS. In a quasi-experimental design measuring effectiveness of the HFS intervention, spouses/partners will self-select into an HFS group or a web delivery of HFS content.

HomeFront Strong Modules

Foster Resilience
Manage Stress
Cultivate Optimism
Rethink Thinking
Build Community
Allow Emotions
Stay Strong

8 sites
360 families

Impact for military spouses and children

Reduce:
•depression
•anxiety
•stress
•social isolation
Improve:
•coping
•family relationships

Accomplishments: Participant enrollment is steady in 4th Quarter ($N=26$) and for Year 3 ($N=100$). Two groups were completed at 2 community sites, and a 3rd group is in process (4 groups completed in Y3). 2 additional groups are scheduled to begin next quarter.

Timeline and Cost

Activities	FY	Y1	Y2	Y3	Y4
Aim 1: Develop and field test a mobile site of HFS program content.					
Aim 2: Disseminate HFS at eight community sites.					
Aim 3: Evaluate HFS in a sample of 360 families.					
Estimated Budget (\$K) (direct + indirect costs)		760	942	947	870

Y1 Goals – HFS web-based/mobile site

- ✓ Develop and field test web-based/mobile site
- ✓ Finalize HFS training and program materials

Y2 & Y3 Goals – Community dissemination and HFS evaluation

- ✓ Recruit and train community providers in HFS
- ✓ Recruit and evaluate HFS participants on mental health and resilience

Y4 Goals – Community dissemination and HFS evaluation (ongoing)

- Continue training/coaching community providers in HFS
- Recruit and evaluate HFS participants on mental health and resilience

Comments/Challenges/Issues/Concerns

Recruitment is a primary focus. HFS groups continue to be offered at multiple community sites as they are filled to capacity.

Budget Expenditure to Date (Y1 + Y2 + Y3)

Projected: \$2,649,560 (Direct \$1,720,317; Indirect \$929,243)
Actual: \$914,934 (Direct \$589,885; Indirect \$325,071)

9. APPENDICES

- A.** Community Provider Training
- B.** Outreach Activity
- C.** Recruitment Flowchart
- D.** Projected-Actual Recruitment Graph

Appendix A

Community Provider Training September 1, 2016–August 31, 2017

HFS Training for Community Providers (2 days)			
Quarter	Date	Name of Organization	Number of staff
1	10/6/16- 10/7/16	Easter Seals – Centerline & Southfield	5
2	1/18/17, 1/25/17	VFW National Home For Children	12
3	5/15/17; 5/22/17	Easter Seals Michigan- Grand Rapids	4
4	7/26/17, 8/2/17	Private practitioner - Ann Arbor	1
Annual Number of Providers Trained: 22			

Focal Trainings for Community Providers (½ day)			
Quarter	Date(s)	Name of Organization	Number of staff
2	1/26/17	Easter Seals - Southfield	2
2	2/8/17	VFW National Home For Children	2
3	4/13/17	Easter Seals- Center Line	1
3	4/20/17	Easter Seals- Center Line	1
3	5/22/17	Easter Seals- Grand Rapids	2
4	8/28/17	Easter Seals – Grand Rapids II	2
4	8/2/17	Private practitioner – Ann Arbor	1
Annual Number of Providers Trained: 11			

Coaching Calls with Community Providers		
Quarter	Date(s)	Name of Organization
2	Weekly; 2/3/17, 2/10/17, 2/15/17, 2/22/17	Easter Seals- Southfield
2	Weekly; 2/23/17	VFW National Home For Children
3	Weekly; 3/1/17, 3/8/17, 3/15/17, 3/22/17	Easter Seals- Southfield
3	Weekly; 3/2/17, 3/9/17, 3/16/17, 3/23/17, 3/30/17, 4/6/17, 4/18/17	VFW National Home For Children
3	Weekly; 4/20/17, 4/27/17, 5/4/17, 5/11/17, 5/18/17, 5/25/17	Easter Seals- Center Line
3	Weekly; 5/25/17	Easter Seals- Grand Rapids
4	Weekly; 6/1/17, 6/8/17	Easter Seals- Center Line
4	Weekly; 6/5/17, 6/12/17, 6/19/17, 6/26/17, 6/29/17, 7/10/17, 7/17/17	Easter Seals- Grand Rapids Group I
4	Weekly; 8/31/17	Easter Seals- Grand Rapids Group II
Annual Number of Coaching Calls: 33		

Partnership Meetings				
Quarter	Date	Name of Organization	Purpose	Type of Contact
1	9/30/16	VFW National Home For Children	Meeting with the program director of the VFW National Home for Children to finalize partnership and sign MOU agreement.	In-Person
3	5/5/20	Ann Arbor VA	Collaboration meeting to promote HomeFront Strong and discuss next steps for site partnership	In-Person
4	6/12/17	CMH Clinton, Eaton, Ingham	Collaboration meeting to promote HomeFront Strong and discuss next steps for potential site partnership	Phone
4	6/29/17, 7/19/17	Valerie Taylor (Private practitioner)	Interview and meeting to discuss next steps for potential site partnership	Phone, In-Person
4	7/5/17	Carla Hines (Private practitioner)	Interview for potential partnership	Phone
4	7/10/17, 7/18/17	Julie Boyd (Private practitioner)	Interview for potential partnership	Phone, In-Person

4	7/12/17	Nancy (Private practitioner at StoneBrook Counseling)	Interview for potential partnership	Phone
4	6/19/17	Jenny Tanis (Private practitioner)	Interview for potential partnership	Phone
4	6/19/17	Brian Ashin (Private practitioner)	Interview for potential partnership	Phone
Annual Number of Partnership Meetings: 11				

Child Team Trainings				
Quarter	Date	Name of Training	Purpose	Total People Trained
2	1/18/17, 1/20/17, 1/23/17, 2/2/17, 2/7/17, 2/9/17	HomeFront Strong Child Team Training	Trained undergraduate and graduate students in the HomeFront Strong Child Manual to co-lead the HFS Child Team	6
3	3/29/17, 4/12/17, 4/14/17, 4/17/17, 5/8/17, 5/18/17, 5/23/17	HomeFront Strong Child Team Training	Trained undergraduate and graduate students in the HomeFront Strong Child Manual to co-lead the HFS Child Team	12
4	8/16/17, 8/31/17	HomeFront Strong Child Team Training	Trained undergraduate and graduate students in the HomeFront Strong Child Manual to co-lead the HFS Child Team	2
Annual Number of Child Team Members Trained: 20				

Appendix B

Outreach Activity September 1, 2016–August 31, 2017

Events Attended					
Quarter	Date(s)	Name of Event	Purpose	Type of Contact	Reach
1	9/7/16	IAVA Veteran's Workshop	HFS Promotion Activity	In-Person	25
1	9/9/16	VA Ann Arbor Mental Health Summit	Outreach to VA faculty, staff, and community partners to share information about HFS	In-Person	60
1	9/10/16	Strong Bonds Detroit	HFS Promotion Activity	In-Person	30
1	9/12/16; 10/3/16	Macomb county veterans action collaborative	HFS Promotion Activity with providers	In-Person	40; 30
1	9/13/16; 11/17/16	Region 9 VCAT Meeting	HFS Promotion Activity- with VSOs in 6 counties.	In-Person	50; 40
1	9/14/16	Military OneSource Webinar	HFS Promotion Activity	Webinar	12
1	9/24/16	Strong Bonds-Traverse City	Participant Recruitment	In-Person	150
1	9/28/16	Michigan National Guard Family Programs Event (Taylor Armory)	HFS Promotion Activity	In-Person	3
1	10/5/16- 10/6/16	SE Michigan Stand Down	Participant Recruitment	In-Person	600
1	10/9/16	Warriors and Caregivers United Banquet	HFS Promotion Activity	In-Person	35
1	10/12/16	Oakland County Veterans Services	HFS Promotion Activity	In-Person	5
1	10/14/16	University of Michigan School of Social Work- Student Presentation	HFS Promotion Activity	In-Person	35
1	10/18/16	Taylor Armory FRG Meeting	HFS Promotion Activity	Phone	4

1	10/27/16	Region 10 VCAT	HFS Promotion Activity	In-Person	70
1	11/2/16-11/3/16	MSPAN National Summit on Military and Veteran Peer Programs: Advancing Best Practices	HFS Promotion Activity	In-Person	220
1	11/5/16	Port Huron Yellow Ribbon Event- 60 Days Post Deployment	HFS Promotion Activity	In-Person	350
1	11/19/16	Ft. Custer Pre-Deployment Yellow Ribbon Event	HFS Promotion Activity	In-Person	80
1	11/21/16	VFW National Home Meeting With Participants	Participant Recruitment	In-Person	14
2	12/4/2016	127 th Holiday Party	HFS Promotion Activity	In-Person	50
2	12/6/2016	CHPC Meeting, MIARNG	HFS Promotion Activity	In-Person	12
2	12/10/16	Stay Guard	HFS Promotion Activity	In-Person	200
2	12/15/16	Oakland County Veteran Treatment Court	HFS Promotion Activity	In-Person	40
2	12/18/16	WACU Christmas Party	HFS Promotion Activity	In-Person	45
2	1/18/17	Region 10 VCAT	HFS Promotion Activity- VSOs	In-Person	50
2	1/18/17	Transition Care Management team Detroit VA	HFS Promotion Activity	In-Person	1
2	1/21/17	Strong Bonds Frankenmuth	HFS Promotion Activity	In-Person	46
2	2/8/17	Military One Source Webinar	HFS Promotion Activity	Web	14
2	2/9/17	Region 10 VCAT	HFS Promotion Activity- Target area Veteran Service Organizations- Provider information about HFS to veteran service providers	In-Person	40
2	2/12/17	Pre-Deployment Yellow Ribbon	HFS Promotion Activity	In-Person	300
2	2/18/17	Pre-Deployment Yellow Ribbon	HFS Promotion Activity	In-Person	120

2	2/23/17	Detroit Caregiver Team	HFS Promotion Activity	In-Person	5
3	3/3/17	Welcome Back Veterans AA VA	HFS Promotion Activity	In-Person	200
3	3/7/17	AA VA TCM and Caregiver	HFS Promotion Activity	In-Person	7
3	3/18/17	DTW VA Welcome Back Veterans	HFS Promotion Activity	In-Person	150
3	3/23/17	Yankee Air Museum 110th packing party	HFS Promotion Activity	In-Person	80
3	3/25/17	Strong Bonds Shanty Creek	HFS Promotion Activity	In-Person	50
3	4/11/17	Region 7 VCAT	HFS Promotion Activity- Target VSOs	In-Person	70
3	4/22/17	Strong Bonds Bay City	HFS Promotion Activity	In-Person	50
3	4/25/17	Region 4 VCAT	HFS Promotion Activity- Target VSOs	In-Person	85
3	4/29/17	Star-Spangled Baby Shower	HFS Promotion Activity	In-Person	40
3	5/11/17	Hidden Wounds of War Conference	HFS Promotion	In-Person	150
3	5/20/17	Yellow Ribbon Event	HFS Promotion	In-Person	250
3	5/23/17	IVEST Lansing Veterans	HFS Promotion	In-Person	40
4	6/3/17	NOSCD family readiness day	HFS Promotion Activity	In-Person	180
4	6/3/17	Strong Bonds ARNG	HFS Promotion Activity	In-Person	70
4	6/15/17	Army Reserve Family Assistance Center	HFS Promotion Activity	In-Person	1
4	7/11/17	Lansing Area Veteran's Coalition	HFS Promotion Activity	In-Person	50
4	7/15/17	Women Marine Association packing party (Romeo)	HFS Promotion Activity	In-Person	65
4	7/16/17	303rd MP Army Reserve Family Day	HFS Promotion Activity	In-Person	100
4	7/22/17	Strong Bonds 127th ANG	HFS Promotion Activity	In-Person	25
4	7/28/17	Ann Arbor VA LGBT Team Meeting	HFS Promotion Activity	In-Person	4
4	8/3/17	Multi-Regional VCAT meeting	HFS Promotion Activity	In-Person	150

4	8/5/17	952nd Army Reserve Family day	HFS Promotion	In-Person	200
4	8/15/17	Ann Arbor VA Employee Association	HFS Promotion	In-Person	200
4	8/17/17	Region 6 VCAT	HFS Promotion	In-Person	55
4	8/18/17	Selfridge Family Day	HFS Promotion	In-Person	200
4	8/31/17	Eastern Michigan University Student Brief	HFS Promotion	In-Person	60
<p style="text-align: right;">Annual Number of Events Attended: 59 Annual Reach: 5308</p>					

Emails				
Quarter	Date(s)	Name of Organization	Purpose	Number of emails
1	9/1/16; 9/6/16	MIANG Chaplain	Participant Recruitment	2
1	9/1/16	Farmington Area Mother's Group	HFS Promotion Activity	1
1	9/1/16	I love my Michigan Vet page	HFS Promotion Activity	1
1	9/1/16	City of Southfield Veterans Commission	HFS Promotion Activity	1
1	9/7/16; 10/11/16	Oakland County Veteran Service Div, VBC	HFS Promotion Activity	2
1	9/8/16	Wounded Warriors of Michigan	HFS Promotion Activity	1
1	9/8/2016; 9/12/16; 9/14/16; 10/19/16	Family Readiness Officer with 1st Battalion 24th Marine Reserve	HFS Promotion Activity	4
1	9/8/16	Corpsman for 1/24	HFS Promotion Activity	1
1	9/9/16	Detroit 1st Platoon Leader	HFS Promotion Activity	1
1	9/9/16	Give an Hour, Project Coordinator	HFS Promotion Activity	1
1	9/9/16; 11/29/16	Transition Care Management, LMSW	HFS Promotion Activity	2

1	9/9/16	Chapter Leader, MVAC, VCAT 10	HFS Promotion Activity	1
1	9/9/16; 9/13/16; 9/14/16; 9/15/16	C and G Newspaper, Macomb County	HFS Promotion Activity	4
1	9/9/16; 9/12/16; 9/16/16; 9/20/16	Executive Director, National Alliance on Mental Illness	HFS Promotion Activity	4
1	9/12/16; 9/16/16; 9/21/16	TEAM RWB	HFS Promotion Activity	3
1	09/12/16	Community Employment Coordinator, Dingell VA	HFS Promotion Activity	1
1	09/12/16	Macomb County SSVF case manager	HFS Promotion Activity	1
1	9/12/16; 9/13/16	Military OneSource	HFS Promotion Activity	2
1	09/13/16	EMU Military/Veterans Resource Center	HFS Promotion Activity	1
1	9/14/2016; 9/16/16	Transition Care Management AA VA	HFS Promotion Activity	2
1	09/14/16	Transition Care Management, Dingell VA	HFS Promotion Activity	1
1	09/14/16	Detroit Metro National Alliance on Mental Illness	HFS Promotion Activity	1
1	09/14/16	645 regional support group	HFS Promotion Activity	1
1	09/14/16	645 regional support group, SSA	HFS Promotion Activity	1

1	09/15/16	Fallen and Wounded Soldiers of Michigan Facebook	HFS Promotion Activity	1
1	09/15/16	Army Navy Wheel Chair B-ball game	HFS Promotion Activity	1
1	09/19/16	University of Michigan Law School Veterans Legal Services	HFS Promotion Activity	1
1	9/19/16; 10/03/16; 10/10/16	Warriors and Caregivers United	HFS Promotion Activity	3
1	09/19/16	Shadow Warrior Wives	HFS Promotion Activity	1
1	9/20/16; 10/04/16; 1/30/16	127th FRS	HFS Promotion Activity	3
1	9/20/16; 9/22/16	127th Family Readiness Program Manager	HFS Promotion Activity	2
1	8/2/16; 8/12/16; 9/20/16; 9/30/16; 11/14/16;1 1/21/16	110th Airman Family Readiness Program Manager	HFS Promotion Activity	6
1	09/20/16	Family Readiness Support ass. Taylor region	HFS Promotion Activity	1
1	09/20/16	MSU 4-H	HFS Promotion Activity	1
1	09/21/16	Command Sargent Maj 1/24	HFS Promotion Activity	1
1	09/22/16	Family Resource Specialist Coast Guard	HFS Promotion Activity	1
1	09/22/16	Work Life Coast Guard contact	HFS Promotion Activity	1

1	09/26/16	Recruiter for SE MI	HFS Promotion Activity	1
1	09/26/16	Potential participant	Participant Recruitment	1
1	09/26/16	Tri-Care/DEERS NCO MI NG Family Programs	HFS Promotion Activity	1
1	09/26/16	NCOIC MI NG Retention	HFS Promotion Activity	1
1	9/19/16; 9/27/16; 10/3/16	1-125 Battalion Chaplain MI ANG	HFS Promotion Activity	3
1	09/27/16	Recruiting & Retention NCO Kalamazoo	HFS Promotion Activity	1
1	09/27/16	Southeast MI Stand down	HFS Promotion Activity	1
1	9/28/16;10/4/16;10/26/16; 10/31/16	MI NG Family Programs	HFS Promotion Activity	4
1	9/28/16; 10/4/16; 10/17/16	FRG leader	HFS Promotion Activity	3
1	9/28/16; 10/04/16; 11/4/16, 11/7/16	Taylor Armory Family Assistance Center	HFS Promotion Activity	4
1	09/28/16	Potential Participant	Participant Recruitment	1
1	09/28/16	Potential Participant	Participant Recruitment	1
1	09/29/16	Blue Star Families	HFS Promotion Activity	1
1	09/29/16	Women Veteran's Empowerment Conference	HFS Promotion Activity	1
1	9/30/16; 11/14/16; 11/21/16	110th Airman and Family Readiness Program Manager	HFS Promotion Activity	3

1	10/03/16	Family Assistance Center Specialist Jackson Michigan NG Family Programs	HFS Promotion Activity	1
1	10/03/16	ADAPT4U	HFS Promotion Activity	1
1	9/28/16; 10/3/16; 10/19/16	MI Army National Guard Chaplain (Owens)	HFS Promotion Activity	3
1	10/04/16	Wayne County Resource Champions	HFS Promotion Activity	1
1	10/4/16; 10/04/16	Yellow Ribbon Events, MI NG	HFS Promotion Activity	2
1	10/4/16	Transition Assistance Specialist & Yellow Ribbon Coordinator	HFS Promotion Activity	1
1	10/4/16	United Way of Southeast Michigan	HFS Promotion activity	1
1	10/4/16	No Veteran Left Behind	HFS Promotion Activity	1
1	10/4/16	US Army Wounded Warrior Program, Ann Arbor	HFS Promotion Activity	1
1	10/4/16; 10/18/16; 10/25/16; 10/26/16	MI NG Family Programs Director	HFS Promotion Activity	4
1	10/4/2016; 10/07/16	Macomb County Great Start Parent Coalition	HFS Promotion Activity	2
1	10/7/16	U. S. Senator Gary Peters	HFS Promotion Activity	1
1	10/9/16	Veterans Treatment Court 51st District (Oakland)	HFS Promotion Activity	1
1	10/11/16; 10/19/16; 11/8/16;	Potential Participant	Participant Recruitment	6

	11/15/16; 11/21/16; 11/28/16			
1	10/17/16	Potential Participant	Participant Recruitment	1
1	10/17/16	Potential Participant	Participant Recruitment	1
1	10/18/16	New and Expectant Moms of Troy	HFS Promotion Activity	1
1	10/19/16; 10/22/16; 11/30/16	Recruitment & Retention NCOIC	HFS Promotion Activity	3
1	10/19/16	FRO 1/24 Marine	HFS Promotion Activity	1
1	10/19/16	Past Program Participant	HFS Promotion Activity	1
1	10/27/16; 10/28/16; 11/3/16; 11/4/16	Yellow Ribbon Event Coordinator Ohio	HFS Promotion Activity	4
1	11/4/16; 11/11/16; 11/14/16	Navy Reserves, out of Naval Operational Support Center Detroit	HFS Promotion Activity	3
1	11/7/16	Potential Participant	Participant Recruitment	1
1	11/7/16	Potential Participant	Participant Recruitment	1
1	11/7/16	Potential Participant	Participant Recruitment	1
1	11/8/16	Potential Participant	Participant Recruitment	1
1	11/11/16	Potential Participant	Participant Recruitment	1
1	11/14/16	Potential Participant	Participant Recruitment	1
1	11/17/16	UMHS Ambulatory Social Work (within 30 miles of target sites)	HFS Promotion Activity	1
1	11/14/16	Potential Participant	Participant Recruitment	1

1	11/14/16	Potential Participant	Participant Recruitment	1
1	11/14/16	Potential Participant	Participant Recruitment	1
1	11/14/16	Potential Participant	Participant Recruitment	1
1	11/18/16	VA Dingell Benefits Administration	HFS Promotion Activity	1
1	11/21/16, 11/28/16	110th Key volunteer	HFS Promotion Activity	2
1	11/28/16	Potential Participant	Participant Recruitment	1
1	11/28/16	Potential Participant	Participant Recruitment	1
1	11/28/16	Potential Participant	Participant Recruitment	1
1	11/28/16	Potential Participant	Participant Recruitment	1
1	11/29/16	Battle Creek VA Transition Care Management	HFS Promotion Activity	1
1	11/30/16	Potential Participant	Participant Recruitment	1
1	11/30/16	Potential Participant	Participant Recruitment	1
1	11/30/16	Potential Participant	Participant Recruitment	1
2	12/5/16, 12/6/16, 12/8/16, 12/9/16, 12/13/16, 12/19/16, 12/20/16, 12/21/16, 12/22/16, 1/6/17, 1/9/17, 1/10/17, 1/13/17, 1/23/17, 1/25/17, 1/26/17,	Potential Participants	Participant Recruitment	126

	1/27/17, 2/13/17, 2/14/17, 2/16/17, 2/17/17, 2/20/17, 2/21/17, 2/22/17, 2/24/17			
2	12/8/16, 12/13/16, 12/16/16, 1/6/17	Oakland County Veterans Treatment Court	HFS Promotion	4
2	12/9/16, 1/5/17, 1/27/17	Chaplain, Strong Bonds	HFS Promotion	3
2	12/13/16	Stay Guard	HFS Promotion	1
2	12/13/16, 1/5/17	127 FRG Lead Contact	HFS Promotion	2
2	12/16/16, 1/5/17, 1/10/17	127 Family Support Center Contact	HFS Promotion	3
2	12/16/16, 1/13/17, 1/23/17	Strong Bonds Selfridge Contact	HFS Promotion	3
2	12/16/16	Disabled Veterans Outreach Program	HFS Promotion	1
2	12/16/16, 12/20/16	Veterans Justice Outreach	HFS Promotion	2
2	12/16/16	Veterans Treatment Court	HFS Promotion	1
2	12/16/16, 12/19/16	Detroit Arsenal INCOM	HFS Promotion	2
2	12/20/16	127th Wing/HC NCOIC, Chapel Operations, Selfridge	HFS Promotion	1
2	1/3/17	MI Works	HFS Promotion	4
2	1/3/17	Vets Returning Home	HFS Promotion	1
2	1/4/17	Guitars for Vets- Grand Rapids	HFS Promotion	1
2	1/5/17, 1/13/17	Taylor Armory Family Readiness Support Assistant	HFS Promotion	2
2	1/5/17	110th Fighter Wing Airman & Family Readiness	HFS Promotion	1
2	1/5/17	Central Michigan Veterans 2-1-1	HFS Promotion	1

2	1/5/17	Military Resource Book	HFS Promotion	1
2	1/5/17	Military OneSource Michigan	HFS Promotion	1
2	1/5/17	The Mission Continues Detroit Platoon	HFS Promotion	1
2	1/5/17	110th Fighter Wing Commander's Spouses	HFS Promotion	1
2	1/5/17	MIANG 1-125 Infantry Chaplain	HFS Promotion	1
2	1/5/17	Air Museum	HFS Promotion	1
2	1/6/17	MI Warriors Hockey	HFS Promotion	2
2	1/6/17	Macomb American Red Cross	HFS Promotion	1
2	1/13/17	ADAPT 4U	HFS Promotion	1
2	1/13/17	IAVA	HFS Promotion	1
2	1/13/17, 1/17/17	Detroit VA Transition Care Management Team	HFS Promotion	2
2	1/23/17	Oakland County Vets Services	HFS Promotion	1
2	1/23/17	MIANG Unit Leaders at Selfridge	HFS Promotion	2
2	1/26/17	Ann Arbor VA Welcome Home Event Staff	HFS Promotion	1
2	1/26/17	Ann Arbor VA Transition Care	HFS Promotion	1
2	1/27/17	Kent County Veterans Services	HFS Promotion	1
2	2/6/17	Grand Valley Armory FAC	HFS Promotion	1
2	2/6/17	Grand Ledge Armory FAC	HFS Promotion	1
2	2/6/17	Military Life Family Counselor	HFS Promotion	1
2	2/6/17	Davenport College Student Veteran Program	HFS Promotion	1
2	2/7/17	Blue Star Families	HFS Promotion	1
2	2/7/17	Grand Rapids Community College	HFS Promotion	1
2	2/7/17	Ferris State Veteran Services	HFS Promotion	1
2	2/7/17	GVSU Veteran Services	HFS Promotion	1
2	2/8/17	Grand Rapids Team RWB	HFS Promotion	1
2	2/8/17, 2/22/17	Kalamazoo Team RWB	HFS Promotion	2
2	2/8/17	Western Michigan University Vet Services	HFS Promotion	1
2	2/8/17	Kalamazoo Veteran Services	HFS Promotion	1

2	2/9/17	Detroit Vet Center	HFS Promotion	1
2	2/9/17	17 th District Court- Macomb-Vet Program	HFS Promotion	1
2	2/10/17	Habitat for Humanity Oakland County	HFS Promotion	1
2	2/10/17	Fallen and Wounded Soldiers Fund Detroit	HFS Promotion	1
2	2/9/17	Disability Network, Vet Specialist	HFS Promotion	1
2	2/14/17	Grand Rapids Vet Center	HFS Promotion	1
2	2/15/17	Muskegon Community College	HFS Promotion	1
2	2/20/17	Yankee Air Museum	HFS Promotion	1
2	2/21/17	Hiring our Heroes	HFS Promotion	1
2	2/21/17	MIARNG Chaplain	HFS Promotion	1
2	2/22/17	Team RWB Ann Arbor	HFS Promotion	1
2	2/23/17	147 th FRG	HFS Promotion	1
3	3/1/17, 3/2/17, 3/6/17, 3/7/17, 3/8/17, 3/9/17, 3/10/17, 3/13/17, 3/14/17, 3/15/17, 3/16/17, 3/23/17, 3/28/17, 3/31/17, 4/3/17, 4/5/17, 4/10/17, 4/12/17, 4/17/17, 4/18/17, 4/19/17, 4/20/17, 4/21/17, 4/24/17, 4/26/17, 4/27/17, 4/28/17, 5/1/17,	Potential Participants	Participant Recruitment	238

	5/2/17, 5/4/17, 5/8/17, 5/9/17, 5/17/17, 5/18/17			
3	3/2/17	TSgt Selfridge ANGB	HFS Promotion	2
3	3/3/17	Silver Star Café Grand Rapids	HFS Promotion	1
3	3/6/17	AA VA Transition Care Management team	HFS Promotion	1
3	3/6/17	Detroit Vet Center	HFS Promotion	1
3	3/6/17	Vet Court 3rd Circuit Court	HFS Promotion	1
3	3/6/17	Southfield FRG	HFS Promotion	2
3	3/8/17	AA VA Caregiver Team	HFS Promotion	2
3	3/8/17	110th Attack Wing volunteer	HFS Promotion	1
3	3/9/2017, 4/24/17	Operation HomeFront	HFS Promotion	2
3	3/10/2017, 5/30/17	MING Chaplain, Strong Bonds	HFS Promotion	2
3	3/13/17	Detroit Vet Treatment Courts	HFS Promotion	1
3	3/14/17	Selfridge ASAF SSgt	HFS Promotion	1
3	3/14/17, 3/15/17	Coast Guard Contact	HFS Promotion	3
3	3/15/17	WCC Vet Group	HFS Promotion	1
3	3/15/17	WCC Vet Center	HFS Promotion	1
3	3/16/17	Detroit Arsenal Facebook	HFS Promotion	1
3	3/16/17	645th Regional Support Facebook	HFS Promotion	1
3	3/16/17	Schoolcraft College	HFS Promotion	1
3	3/16/17	Oakland University	HFS Promotion	1
3	3/20/17	MING CPT	HFS Promotion	1
3	3/21/17	USMC Yellow Ribbon	HFS Promotion	1
3	3/22/2017, 4/19/17	124th Marines FRO	HFS Promotion	2
3	3/23/17	Detroit VA Contact	HFS Promotion	1
3	3/23/17	USAF 110 th Family Programs	HFS Promotion	2
3	3/24/17	DAV Conference	HFS Promotion	2
3	3/27/17	Crawford County VSO	HFS Promotion	1
3	3/28/17	St. Clair Shores Memorial Day Parade	HFS Promotion	1
3	3/30/17	Michigan State 4H Extension Coordinator	HFS Promotion	1

3	3/30/17	MING Family Programs	HFS Promotion	1
3	4/3/17	AA VA Contact	HFS Promotion	1
3	4/3/17	127th USAF Family Programs	HFS Promotion	1
3	4/3/17	USAF Family Programs	HFS Promotion	1
3	4/4/17	AA VA Contact	HFS Promotion	1
3	4/10/17	Battle Creek VA TCM Program	HFS Promotion	1
3	4/10/17	Saginaw VA TCM Program	HFS Promotion	1
3	4/10/17	University of Michigan Student Veterans Program Director	HFS Promotion	1
3	4/10/17	American Legion Post 459 Grand Rapids	HFS Promotion	1
3	4/12/2017, 4/20/17	BC VA Vocational Rehab	HFS Promotion	2
3	4/12/17	Battle Creek VA Contact	HFS Promotion	1
3	4/12/17	Lansing RWB	HFS Promotion	1
3	4/12/17	Lansing VOA	HFS Promotion	1
3	4/12/17	FAC MING Family Programs	HFS Promotion	1
3	4/12/17	Vets2Track	HFS Promotion	1
3	4/12/2017, 5/8/16	Troops in Transition	HFS Promotion	2
3	4/12/17	MING Psych Health	HFS Promotion	1
3	4/12/17	MIARNG 631st Troop Command	HFS Promotion	1
3	4/12/17	Of Impact	HFS Promotion	1
3	4/12/2017, 4/20/17	Navy Family Day	HFS Promotion	2
3	4/17/17	Purple Heart Acres	HFS Promotion	1
3	4/17/17	Ann Arbor Marines	HFS Promotion	1
3	4/17/17	Crazy Wisdom Book Store Ann Arbor	HFS Promotion	1
3	4/17/17	Ann Arbor Library	HFS Promotion	1
3	4/17/17	Lucky's Market Ann Arbor	HFS Promotion	1
3	4/18/17	Lansing Community College Vet Services	HFS Promotion	1
3	4/18/17	NAMI Washtenaw county	HFS Promotion	1
3	4/18/2017, 5/9/17	Spring Arbor University Vet Admission	HFS Promotion	2
3	4/24/17	Veteran3gun Grand Rapids	HFS Promotion	1
3	4/24/17	Impact Range Southfield	HFS Promotion	1
3	4/24/17	Ann Arbor Firearms meetup	HFS Promotion	1

3	4/24/17	USMC 1st Sgt	HFS Promotion	1
3	4/26/17	IAVA	HFS Promotion	1
3	4/26/17	United Way of GR	HFS Promotion	1
3	4/26/17	FRG 182nd	HFS Promotion	1
3	4/26/17	GR YMCA	HFS Promotion	1
3	5/2/17	645th FRSA	HFS Promotion	1
3	5/9/17	63 Troop Command	HFS Promotion	1
3	5/17/17	EMU SVA	HFS Promotion	1
3	5/17/17	Kent County Veteran Services	HFS Promotion	1
3	5/17/17	Osceola County Veteran Services	HFS Promotion	1
3	5/17/17	MVAA veteran service officer	HFS Promotion	1
3	5/17/17	Saginaw VA Field Consultant	HFS Promotion	1
3	5/17/17	Warriors Set Free	HFS Promotion	1
3	5/24/17	Housing Services Mid Michigan	HFS Promotion	1
3	5/24/17	Region 8 FAS	HFS Promotion	1
3	5/30/17	Michigan State University Veterans Resource Center	HFS Promotion	1
3	5/31/17	Blue Star Families Detroit	HFS Promotion	1
3	5/31/17	Blue Star Families Ann Arbor	HFS Promotion	1
4	6/1/17, 6/5/17, 6/6/17, 6/7/17, 6/9/17, 6/10/17, 6/12/17, 6/13/17, 6/14/17, 7/7/17, 7/10/17, 7/14/17, 7/18/17, 7/21/17, 7/25/17, 7/26/17, 7/28/17, 8/8/17, 8/9/17, 8/14/17,	Potential Participants	HFS Recruitment	119

	8/24/17, 8/25/17, 8/28/17, 8/29/17			
4	6/1/17, 6/5/17, 6/14/17	AA VA Caregiver Team	HFS Promotion	3
4	6/1/17, 6/5/17	AA VA Mental Health	HFS Promotion	2
4	6/1/17	Blue Star Families, Leah Love	HFS Promotion	1
4	6/1/17	Selfridge Family Programs, ANG, Bettina Boyd	HFS Promotion	1
4	6/5/17	MI Army Reserve, CPT Trevino	HFS Promotion	1
4	6/5/17, 6/15/17, 7/7/17	Lansing Community Mental Health	HFS Promotion	3
4	6/6/17	FRG 3238, ARNG	HFS Promotion	1
4	6/9/17	Pinups for Patriots	HFS Promotion	1
4	6/9/17	Veteran owned business, Hi-Five moving	HFS Promotion	1
4	6/9/17	FRG contact, Jennifer M	HFS Promotion	1
4	6/12/17	110 th CH Taylor, ANG	HFS Promotion	1
4	6/13/17, 7/12/17	Sarah Mellon, MSU student veterans	HFS Promotion	2
4	6/13/17	Selfridge Family Programs, ANG, Paulus Obey	HFS Promotion	1
4	6/13/17, 7/7/17	1 st B, 24 th Marines, Family Programs, D. Johnson	HFS Promotion	2
4	6/14/17	HFS alumna, Kelsey C.	HFS Promotion	1
4	6/14/17	Traverse City vet center	HFS Promotion	1
4	6/14/17	Clinton Township vet center	HFS Promotion	1
4	6/14/17	Dearborn vet center	HFS Promotion	1
4	6/14/17	Grand Rapids vet center	HFS Promotion	1
4	6/14/17	Pontiac vet center	HFS Promotion	1
4	6/14/17	Saginaw vet center	HFS Promotion	1
4	6/14/17	Macomb Community College	HFS Promotion	1
4	6/15/17, 7/5/17	Southfield Army Reserve, F. Neal	HFS Promotion	2
4	6/15/17	Wayne Community College Vet Coordinator	HFS Promotion	1
4	7/3/17	EMU Student Veterans	HFS Promotion	1

4	7/5/17	U of M, Student Veterans P. Larson	HFS Promotion	1
4	7/6/17	Ann Arbor Mayor and City Council Members (11 total)	HFS Promotion	11
4	7/7/17	303 rd MP Army Reserve, CPT Postma	HFS Promotion	1
4	7/11/17	Volunteers of America	HFS Promotion	1
4	7/11/17	Right Connection Service Directory, M. Habib	HFS Promotion	1
4	7/11/17	Disability Network	HFS Promotion	1
4	7/11/17	Peckham Veteran Peer Specialist, T. Riddle	HFS Promotion	1
4	7/11/17	Team RWB, Lansing K. Stone	HFS Promotion	1
4	7/11/17	Michigan Ass. Of State Universities, W. Emerson	HFS Promotion	1
4	7/11/17	Ingham/Clinton veteran affairs, N. Blackstock	HFS Promotion	1
4	7/11/17	Battle Creek VA LGBT, M. Johnson	HFS Promotion	1
4	7/11/17	AA VA LGBT program director, D. Cass	HFS Promotion	1
4	7/11/17	Fort Custer Armory, C. Adams	HFS Promotion	1
4	7/11/17	MI ARNG Family Programs, J. Palmer	HFS Promotion	1
4	7/12/17	Saginaw VA Transition Care Management, A. Milko	HFS Promotion	1
4	7/18/17	MI NG Family Expo	HFS Promotion	1
4	7/18/17	MI Army Reserve, CPT DeLaRosa	HFS Promotion	1
4	7/18/17	U of M Dearborn, Vet Center	HFS Promotion	1
4	7/21/17	CH Dalsis, Army Reserve	HFS Promotion	1
4	7/24/17	952 Reserve Unit	HFS Promotion	1
4	7/25/17	Military War Fighter Solutions	HFS Promotion	1
4	7/25/17	Grand Rapids Mayor and City Commissioners (9 total)	HFS Promotion	9
4	7/25/17	Rockford Mayor and City Commissioners (6 total)	HFS Promotion	6
4	7/25/17	Wyoming Mayor and City Commissioners (5 total)	HFS Promotion	5
4	7/25/17	GVSU Vet Center	HFS Promotion	1
4	7/25/17	Peace of Mind Training Solution	HFS Promotion	1

4	7/25/17	Ferris State Vet Center	HFS Promotion	1
4	7/26/17	AA VA LGBT assistant, John S.	HFS Promotion	1
4	8/4/17	Veteran Employment Services	HFS Promotion	1
4	8/4/17	Grand Rapids Community College	HFS Promotion	1
4	8/7/17	Give an Hour, Will Burnes	HFS Promotion	1
4	8/8/17	Kent County Veteran Services	HFS Promotion	1
4	8/10/17	Guardian Angels, Service Dogs	HFS Promotion	1
4	8/11/17	MI NG Bay City Armory	HFS Promotion	1
4	8/14/17	Region 3 MI NG, Grand Valley Armory	HFS Promotion	1
4	8/14/17	1SG Ferrell, 952 nd Army Reserves	HFS Promotion	1
4	8/15/17, 8/24/17	Ann Arbor VA nurses	HFS Promotion	2
4	8/17/17, 8/24/17, 8/25/17	Ann Arbor Army Reserve contact	HFS Promotion	3
4	8/17/17, 8/24/17, 8/25/17	MI NG Family Readiness Assistant, Harp	HFS Promotion	3
4	8/25/17	Easter Seals of Michigan, C. Sharum	HFS Promotion	1
Annual Number of Emails: 909				

Phone Calls				
Quarter	Date(s)	Name of Organization	Purpose	Number of Phone calls
1	10/5/16; 10/10/16; 10/11/16; 10/12/16; 10/13/16; 10/17/16; 10/18/16; 10/19/16; 11/7/16; 11/11/16;	Potential Participants	Participant Recruitment	61

	11/14/16; 11/29/16; 11/30/16			
1	10/18/16	MI NG State Family Programs	HFS Promotion Activity	1
1	10/18/16	Taylor Armory FAC	HFS Promotion Activity	1
1	10/19/16	VFW National Home for Children	HFS Promotion Activity	1
1	6/1/17, 6/5/17, 6/6/17, 6/7/17, 6/9/17, 6/10/17, 6/12/17, 6/13/17, 6/14/17, 7/7/17, 7/10/17, 7/18/17, 7/21/17, 7/24/17, 8/8/17, 8/9/17, 8/14/17, 8/24/17, 8/25/17, 8/28/17, 8/29/17	Potential Participants	Participant Recruitment	104
2	12/5/16, 12/8/16, 12/13/17, 12/20/16, 12/21/16, 1/5/17, 2/14/17, 2/19/17	Potential Participant	Participant Recruitment	49
2	12/2/16, 12/7/2016, 12/16/16	Navstar HR	HFS Promotion Activity	3

2	12/8/16	Selfridge FRG Leader	HFS Promotion Activity	2
2	12/8/16	Oakland County Veterans Treatment Court	HFS Promotion Activity	1
2	12/9/16	Chaplain, Strong Bonds	HFS Promotion Activity	1
2	12/10/16	127 th FRG Leader	HFS Promotion Activity	1
2	12/20/16	VA Veteran Justice Outreach Coordinator	HFS Promotion Activity	1
2	12/20/16	Dingell VA OIF/OEF Lead	HFS Promotion Activity	1
2	12/20/16	NCOIC CH 127th	HFS Promotion Activity	1
2	1/6/17	Taylor Armory FRG	HFS Promotion Activity	1
2	1/10/17	MIARNG Family Readiness Director	HFS Promotion Activity	1
2	1/13/17	Strong Bonds Frankenmuth Coordinator	HFS Promotion Activity	1
2	1/23/17	VA Transition Care program Battle Creek	HFS Promotion Activity	1
2	2/8/17	Ferris State Vet Services	HFS Promotion Activity	1
2	2/8/17	Grand Valley State Vet Services	HFS Promotion Activity	1
2	2/8/17	Kalamazoo Community College	HFS Promotion Activity	1
2	2/8/17	Grand Rapids Community College	HFS Promotion Activity	1
2	2/10/17	Muskegon Community College	HFS Promotion Activity	1
2	2/13/17	Fallen Wounded Soldiers Fund	HFS Promotion Activity	1
2	2/14/17	Grand Rapids Vet Center	HFS Promotion Activity	1
3	3/1/17, 3/2/17, 3/3/17, 3/14/17, 3/27/17, 4/3/17, 4/4/17, 4/6/17, 4/10/17,	Potential Participants	Participant Recruitment	127

	4/17/17, 4/18/17, 4/28/17, 5/2/17, 5/4/17, 5/8/17, 5/9/17, 5/10/17, 5/16/17, 5/17/17, 5/22/17, 5/24/17			
3	3/15/17	Coast Guard Muskegon	HFS Promotion Activity	1
3	3/15/17	Coast Guard Grand Haven	HFS Promotion Activity	1
3	3/15/17	Coast Guard St. Clair Shores	HFS Promotion Activity	1
3	3/16/17	Oakland University Vet Services	HFS Promotion Activity	1
3	3/16/17	Schoolcraft College Vet Services	HFS Promotion Activity	1
3	4/4/17	DTW VA Caregiver	HFS Promotion Activity	1
3	4/4/17	AA VA Communications	HFS Promotion Activity	2
3	4/4/17	MING Family Programs	HFS Promotion Activity	1
3	4/10/17	Battle Creek TCM Program	HFS Promotion Activity	1
3	4/10/17	Saginaw TCM Program	HFS Promotion Activity	1
3	4/10/17	Concordia University Veterans Services	HFS Promotion Activity	1
3	4/17/17	Saginaw Vet Center	HFS Promotion Activity	1
3	4/18/17	Lansing Community College	HFS Promotion Activity	1
3	4/20/17	1-24 Marines	HFS Promotion Activity	1
3	5/4/17	Troops in Transition	HFS Promotion Activity	1
4	6/5/17	EMU Student Vet Center	HFS Promotion Activity	1

4	6/7/17	Grand Ledge VFW	HFS Promotion Activity	1
4	6/12/17	Wayne Community College	HFS Promotion Activity	1
4	6/12/17	CH Taylor, 110th ANG	HFS Promotion Activity	1
4	6/14/17	Traverse City vet center	HFS Promotion Activity	1
4	6/14/17	Saginaw Vet Center	HFS Promotion Activity	1
4	6/14/17	Clinton Township Vet Center	HFS Promotion Activity	1
4	6/14/17	Dearborn Vet Center	HFS Promotion Activity	1
4	6/14/17	Grand Rapids Vet Center	HFS Promotion Activity	1
4	6/14/17	Pontiac Vet Center	HFS Promotion Activity	1
4	6/14/17	Detroit Vet Center	HFS Promotion Activity	1
4	7/10/17	U of M Dearborn Student Vets	HFS Promotion Activity	1
4	7/11/17	Fort Custer Armory, ARNG	HFS Promotion Activity	1
4	7/12/17	Saginaw VA	HFS Promotion Activity	1
4	7/12/17	Battle Creek VA	HFS Promotion Activity	1
4	7/12/17	AA VA LGBT programs	HFS Promotion Activity	1
4	7/12/17	CH Dalsis, MI Army Reserves	HFS Promotion Activity	1
4	7/22/17	TSgt Galina, ANG	HFS Promotion Activity	1
4	7/22/17	CH Woodford, ANG	HFS Promotion Activity	1
4	7/24/17	Felicia Neal, Army Reserves	HFS Promotion Activity	1
4	7/24/17	TSgt Hyde, ANG	HFS Promotion Activity	1
4	7/25/17	Condition Zero Training Group, GR	HFS Promotion Activity	1
4	7/25/17	Military Warfighter Solutions, GR	HFS Promotion Activity	1

4	7/25/17	Peace of Mind Training, GR	HFS Promotion Activity	1
4	7/25/17	Sgt D's Foundation, GR	HFS Promotion Activity	1
4	7/25/17	Today's Weapons, GR	HFS Promotion Activity	1
4	8/8/17	Kent county Veteran Services	HFS Promotion Activity	1
4	8/15/17	Selfridge Airshow POC K.Edwards	HFS Promotion Activity	1
4	8/24/17	CH Leply MI ARNG	HFS Promotion Activity	1
Annual Number of Phone Calls: 411				

Mailings				
Quarter	Date	Name of Organization	Purpose	Type of Contact
1	10/10/16	Veterans Service Organizations	HFS Promotion Activity	Mail- 34 Total Mailings
1	10/10/16; 10/27/16	Give an Hour Therapists	HFS Promotion Activity	Mail- 39 Total Mailings
1	10/10/16	Community Mental Health Agencies	HFS Promotion Activity	Mail- 27 Total Mailings
1	10/27/16	Schools- Early Education, Head Start, Elementary, Middle, High Schools	HFS Promotion	Mail- 66 Total Mailings
1	10/27/16	Community Centers, Community Organizations and Community Businesses	HFS Promotion	Mail- 19 Total Mailings
1	10/27/16; 11/18/16	Colleges	HFS Promotion	Mail- 8 Total Mailings
2	1/12/17	Schools- Early Education, Head Start, Elementary, Middle, High Schools	HFS Promotion	Mail- 24 Total Mailings
2	1/3/17, 1/4/17, 1/12/17	Community Centers, Community Organizations and Community Businesses	HFS Promotion	Mail- 73 Total Mailings
2	1/3/17	Libraries	HFS Promotion	Mail- 3 Total Mailings

3	4/21/17, 5/18/17	Veterans Service Organizations- American Legions, VFWs, Disabled Americans Veterans Chapter, Military Order of the Purple Heart	HFS Promotion	Mail- 26 Total Mailings
3	4/24/17	National Guard Armories and Recruiters	HFS Promotion	Mail- 7 Total Mailings
3	5/1/17	First Responders- Fire Departments and Police Departments within Target Area	HFS Promotion	Mail- 27 Total Mailings
4	8/2/17	Community Organizations- Religious Institutions	HFS Promotion	Mail- 50 Total Mailings
4	8/2/17	First Responders- Fire Departments and Police Departments within Target Area	HFS Promotion	Mail- 21 Total Mailings
4	8/4/17	Give an Hour Therapists	HFS Promotion	Mail- 23 Total Mailings
4	8/4/17	Community Businesses within Target Area- Retail	HFS Promotion	Mail- 7 Total Mailings
Annual Number of Mailings: 454				

Community Mapping- Flyers Posted				
Quarter	Date	Location	Purpose	Total Organizations
1	9/1/16	Early Education/Intervention	HFS Participant Recruitment	In-Person marketing- 1 Head Start
1	9/1/16; 10/12/16	Community Health and Mental Health Agencies	HFS Participant Recruitment	In-Person marketing- 4 CMH and Health Departments
1	9/25/16; 10/12/16	Libraries/Community Centers within Target Area	HFS Participant Recruitment	In-Person marketing- 8 Libraries
1	9/1/16; 10/12/16	Community Businesses within Target Area- Restaurants, Coffee Shops, Gyms	HFS Participant Recruitment	In-Person Marketing- 13 Community Businesses

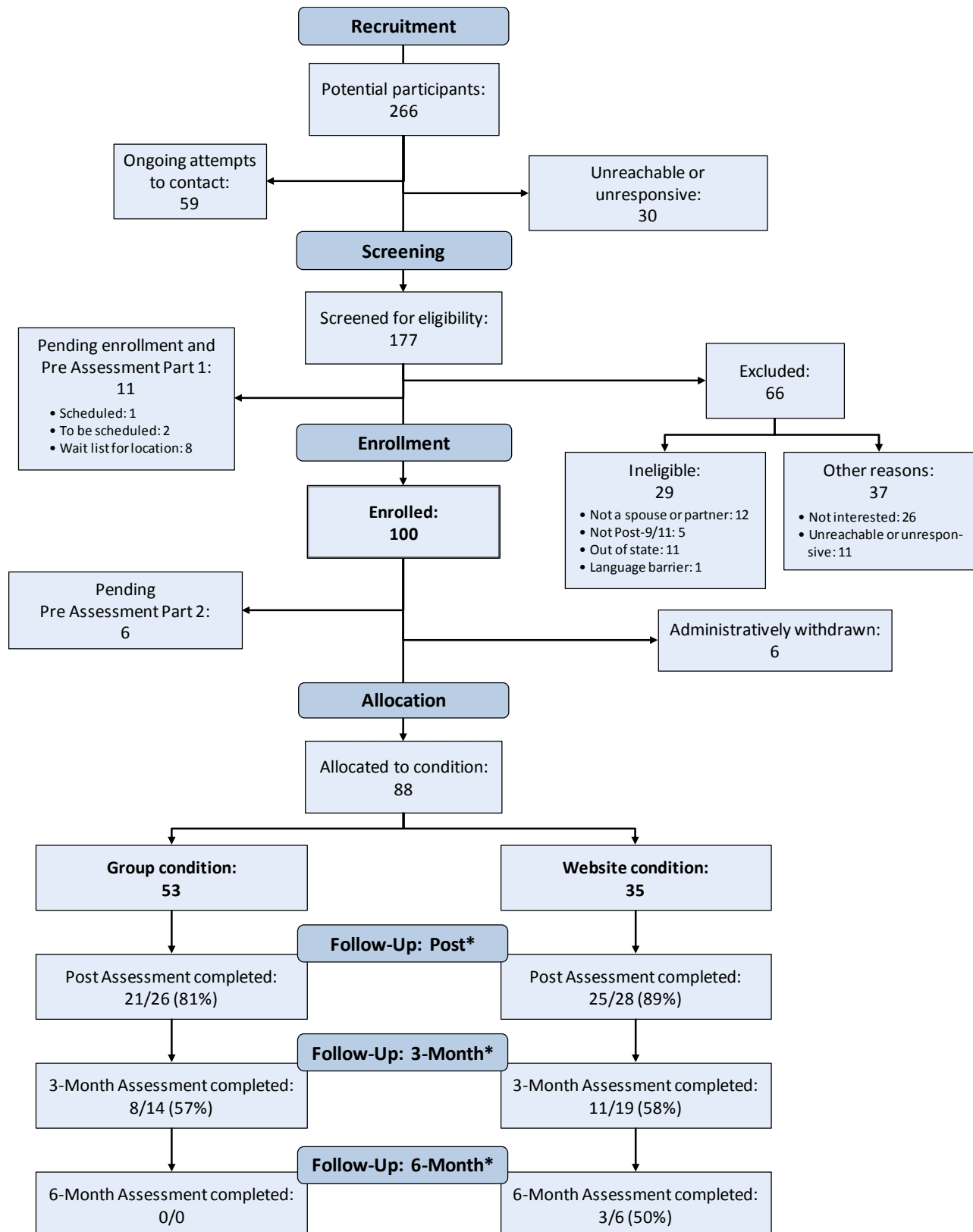
1	9/1/16; 10/12/16	American Legion, Armed Services Recruiter, Oakland County Vets Services	HFS Participant Recruitment	In-Person Marketing- 3
2	12/15/16, 2/9/17	Community Businesses within Target Area- Restaurants, Coffee Shops, Gyms	HFS Participant Recruitment	In Person Marketing- 11 Community Businesses
2	12/15/16,	Libraries/Community Centers within Target Area	HFS Participant Recruitment	In Person Marketing- 5 Libraries
3	4/12/17, 4/14/17, 4/19/17, 4/25/17, 4/27/17, 5/3/17	Community Businesses within Target Area- Restaurants, Grocery Stores, Other Retail	HFS Participant Recruitment	In Person Marketing- 29 Community Businesses
3	4/14/17, 4/25/17	Libraries/Community Centers within Target Area	HFS Participant Recruitment	In Person Marketing- 2 Libraries
4	8/2/17	Community Businesses within Target Area- Restaurants, Grocery Stores, Other Retail	HFS Participant Recruitment	In Person Marketing- 5 Community Businesses
Annual Number of Community Organizations Visited: 81				

Facebook Advertising			
Quarter	Date	Purpose	Reach
2	2/9/17-2/23/17	HFS marketing and participant recruitment- Grand Rapids	160 Link Clicks
2	2/7/17-2/21/17	HFS marketing and participant recruitment- Centerline	187 Link Clicks
3	5/2/17-5/14/17	HFS marketing and participant recruitment- Grand Rapids	108 Link clicks
4	7/17/17	HFS marketing and participant recruitment- Grand Rapids	60 Link Clicks
Annual Reach: 515			

Newspaper Articles			
Quarter	Date	Purpose	Reach
1	9/21/16	HFS marketing and promotions- C&G Newspaper	Unknown
4	6/21/17	HFS marketing and promotions- Oakland Press News online article	423 Link Clicks
Annual Reach: 423			

Appendix C

Recruitment Flowchart, September 1, 2016–August 31, 2017



* Study is ongoing, so window for survey completion may still be open for some participants or will open in future.

Appendix D

Projected-Actual Recruitment Graph September 1, 2016–August 31, 2017

